

DOT HS-802 042

PROGRAM LEVEL EVALUATION OF ASAP DIAGNOSIS, REFERRAL AND REHABILITATION EFFORTS

Volume I - Description of ASAP Diagnosis, Referral and Rehabilitation Functions

Contract No. DOT-HS-191-3-759

September 1976

Final Report

(SUMMARY AND RANDOM SELECTION OF ASAP PROJECTS ONLY)

PREPARED FOR:

**U.S. DEPARTMENT OF TRANSPORTATION
National Highway Traffic Safety Administration
Washington, D.C. 20590**

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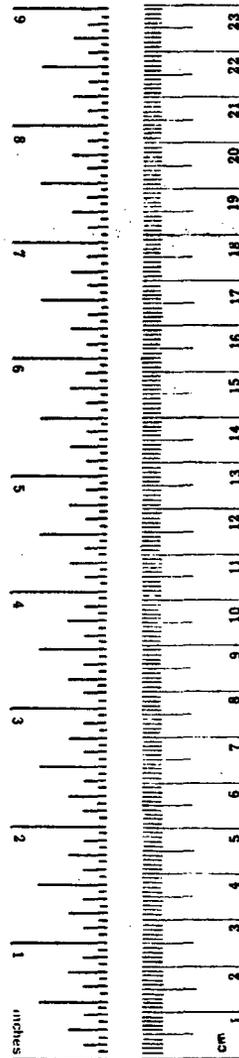
1. Report No. DOT HS-802 042	2. Government Accession No.	3. Recipient's Catalog No.	
4. Title and Subtitle Program Level Evaluation of ASAP Diagnosis, Referral and Rehabilitation Efforts: Volume I, Description of ASAP Diagnosis, Referral and Rehabilitation Functions		5. Report Date September 1976	6. Performing Organization Code
7. Author(s) Timothy J. Springer		8. Performing Organization Report No.	
9. Performing Organization Name and Address Human Factors Laboratory Department of Psychology University of South Dakota Vermillion, South Dakota 57069		10. Work Unit No. (TRAIS)	11. Contract or Grant No. DOT-HS-191-3-759
12. Sponsoring Agency Name and Address Office of Driver and Pedestrian Programs U.S. Department of Transportation, NHTSA 400 Seventh Street, S.W. Washington, D. C. 20590		13. Type of Report and Period Covered Final July 1973 - June 1976	
15. Supplementary Notes		14. Sponsoring Agency Code	
16. Abstract The organization and operational characteristics of thirty-five Alcohol Safety Action Projects were described and summarized. The characteristics of the diagnosis/referral/rehabilitation activities at each project were summarized using four categories: judicial mechanisms, diagnostic procedures, rehabilitation referral procedures, and rehabilitation modalities. Available information was reviewed and a project description was formulated for each ASAP.			
17. Key Words ASAP, alcohol, rehabilitation, drinker diagnosis, DWI, treatment referral		18. Distribution Statement Document is available to the public through the National Technical Information Service, Springfield, Virginia 22161	
19. Security Classif. (of this report) Unclassified	20. Security Classif. (of this page) Unclassified	21. No. of Pages 241	22. Price

METRIC CONVERSION FACTORS

Approximate Conversions to Metric Measures

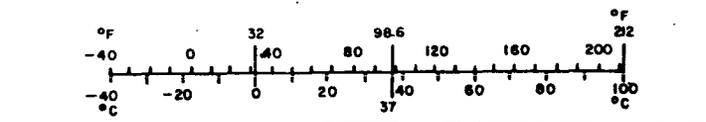
Symbol	When You Know	Multiply by	To Find	Symbol
LENGTH				
in	inches	2.5	centimeters	cm
ft	feet	30	centimeters	cm
yd	yards	0.9	meters	m
mi	miles	1.6	kilometers	km
AREA				
in ²	square inches	6.5	square centimeters	cm ²
ft ²	square feet	0.09	square meters	m ²
yd ²	square yards	0.8	square meters	m ²
mi ²	square miles	2.6	square kilometers	km ²
	acres	0.4	hectares	ha
MASS (weight)				
oz	ounces	28	grams	g
lb	pounds	0.45	kilograms	kg
	short tons (2000 lb)	0.9	tonnes	t
VOLUME				
tsp	teaspoons	5	milliliters	ml
Tbsp	tablespoons	15	milliliters	ml
fl oz	fluid ounces	30	milliliters	ml
c	cups	0.24	liters	l
pt	pints	0.47	liters	l
qt	quarts	0.95	liters	l
gal	gallons	3.8	liters	l
ft ³	cubic feet	0.02	cubic meters	m ³
yd ³	cubic yards	0.76	cubic meters	m ³
TEMPERATURE (exact)				
°F	Fahrenheit temperature	5/9 (after subtracting 32)	Celsius temperature	°C

* 1 in = 2.54 exactly. For other exact conversions and more detailed tables, see NBS (US) Publ. 200, Units of Weights and Measures, Price \$2.95 (US) or \$4.95 (CAN) 1972.



Approximate Conversions from Metric Measures

Symbol	When You Know	Multiply by	To Find	Symbol
LENGTH				
mm	millimeters	0.04	inches	in
cm	centimeters	0.4	inches	in
m	meters	3.3	feet	ft
m	meters	1.1	yards	yd
km	kilometers	0.6	miles	mi
AREA				
cm ²	square centimeters	0.16	square inches	in ²
m ²	square meters	1.2	square yards	yd ²
km ²	square kilometers	0.4	square miles	mi ²
ha	hectares (10,000 m ²)	2.5	acres	
MASS (weight)				
g	grams	0.035	ounces	oz
kg	kilograms	2.2	pounds	lb
t	tonnes (1000 kg)	1.1	short tons	
VOLUME				
ml	milliliters	0.03	fluid ounces	fl oz
l	liters	2.1	pints	pt
l	liters	1.06	quarts	qt
l	liters	0.26	gallons	gal
m ³	cubic meters	35	cubic feet	ft ³
m ³	cubic meters	1.3	cubic yards	yd ³
TEMPERATURE (exact)				
°C	Celsius temperature	9/5 (then add 32)	Fahrenheit temperature	°F



In June, 1973, a contract entitled "An Evaluation of Alcohol Safety Action Project (ASAP) Rehabilitation Efforts" was awarded to the University of South Dakota (Contract DOT-HS-191-3-759) to assist the NHTSA in the evaluation of ASAP diagnosis, referral and rehabilitation functions at the program level.

The present document represents the final report covering the three years of activity under this contract. The present volume (Volume I) provides a detailed description of the characteristics of ASAP diagnosis, referral and rehabilitation systems developed by each site. This report is based on detailed plans, annual reports, Appendix H data and analytic studies received from each project, as well as on questionnaires and site visit reports for the FY 1971 and FY 1972 projects.

Volume II provides a program level summary and analysis of ASAP diagnosis and referral functions. Analyses in this volume are based on data reported in Appendix H tables and project initiated analytic studies, as well as on client file data obtained from individual sites and from the NIAAA monitoring system which was operated at those sites receiving NIAAA companion grants.

Volume III presents program level analyses of rehabilitation system effectiveness and performance based on the same data sources listed above.

Finally, Volume IV describes the development and implementation of the NHTSA Short Term Rehabilitation (STR) Study which was an outgrowth of rehabilitation efforts in the ASAPs.

TABLE OF CONTENTS

	<u>Page</u>
INTRODUCTION	1
BACKGROUND	1
DIAGNOSIS, REFERRAL, AND REHABILITATION FUNCTIONS	6
Diagnosis	6
Referral	9
Rehabilitation	10
EVALUATION OF ASAP DIAGNOSIS, REFERRAL, AND REHABILITATION EFFORTS	11
GENERAL ASAP DIAGNOSIS, REFERRAL AND REHABILITATION DESCRIPTIONS	15
INFORMATION SOURCES	15
JUDICIAL MECHANISMS	16
DIAGNOSTIC PROCEDURES	20
POSITION OF BACKGROUND INVESTIGATION IN THE OPERATIONAL SEQUENCE	22
PROCEDURES FOR REFERRAL TO REHABILITATION	24
REHABILITATION MODALITIES	27
APPENDIX A - Individual ASAP Project	
Descriptions	35
Boston, Massachusetts	37
Cumberland-York, Maine	41
New Hampshire	44
Vermont	47
Nassau County, New York	50
Puerto Rico	53
Baltimore, Maryland	59
Delaware	65
Fairfax County, Virginia	69
Charlotte-Mecklenburg, North Carolina	76
Columbus, Georgia	82
Richland County, South Carolina	87
Tampa, Florida	95
Cincinnati, Ohio	101
Hennepin County, Minnesota	106
Indianapolis, Indiana	114
Washtenaw County, Michigan	119
Wisconsin	124
Albuquerque, New Mexico	127
New Orleans, Louisiana	131
Oklahoma City, Oklahoma	138
Pulaski County, Arkansas	146
San Antonio, Texas	150

<u>Table of Contents (Continued)</u>	<u>Page</u>
Kansas City, Missouri	156
Lincoln, Nebraska	161
Sioux City, Iowa	170
Wichita, Kansas	176
Denver, Colorado	184
Salt Lake City, Utah	190
South Dakota	195
Los Angeles County, California	202
Phoenix, Arizona	209
Idaho	218
Portland, Oregon	224
Seattle, Washington	227
REFERENCES	232

APPENDIX A
Individual ASAP Project Descriptions

OUTLINE OF PROJECT DESCRIPTION FORMAT

Project Name

I. General Description :

A. Modalities

1.

2.

B. Assignment to Treatment

1. Referral to ASAP by the Court

2. Referral to Treatment by ASAP

C. Diagnostic Procedures

D. Probation Mechanisms

II. Individual Modalities

A.

1. Number of Sessions:

2. Days Between Sessions:

3. Length of Sessions:

4. Session Size:

5. Number of Instructors:

6. Training of Instructors:

7. Cost:

8. Type of Client:

9. Primary Objective:

10. Strategies:

Region I

Vermont

I. General Description

A. Modalities

1. CRASH School
2. NIAAA Counseling
3. "Traditional Treatment Modalities"

B. Assignment to Treatment

1. Referral to ASAP by the Court

The judicial rehabilitation interface at the Vermont ASAP changed considerably midway through the project. Until May 23, 1973, when the DWI law S-60 was enacted, persons were referred to ASAP as a condition of probation. Jail sentences were usually suspended for persons referred.

In May, 1973, the Vermont DWI law S-60 changed procedures to allow for early return of a suspended license pending successful completion of CRASH School. This law eliminated the need for probation as an incentive.

2. Referral to Treatment by ASAP

The court referred persons to CRASH School prior to diagnosis, interview and evaluation. A postsentence investigation was made during CRASH School participation. Information gathered at this time was used to determine the need for further rehabilitation. If further treatment was indicated, a treatment plan was worked out in counseling sessions.

C. Diagnostic Procedures

In both pre and post May, 1973, periods, drinker classification was apparently largely a subjective process. A report by the Vermont ASAP states:

Because it is unrealistic to establish unalterable criteria by which a person

Vermont (continued)

can be judged a Problem Drinker and slotted into particular "treatment plan", each probation officer was provided information on the individuals, the DOT guidelines and specialized alcohol training.

D. Probation Mechanisms

Law S-60 eliminated the need for probation.

II. Individual Modalities

A. CRASH School

1. Number of Sessions: 4
2. Days Between Sessions: 7
3. Length of Sessions: 2 hours
4. Session Size: 20
5. Number of Instructors: 2 (1/10 students)
6. Training of Instructors: Each instructor is given specialized alcohol training. The nature of the training is not further defined.
7. Cost: Approximately \$40.00 per client. Appears to be paid by client.
8. Type of Client: All persons convicted of DWI.
9. Primary Objective:
 - a. Break the drinking/driving chain in persons who have been convicted of DWI
 - b. Provide accurate, useful information about alcohol and its effects
 - c. Provide information and a method whereby a person can evaluate his own drinking behavior
 - d. Refer persons who wish to change their behavior to agencies which can help them.

Vermont (continued)

10. Strategies: Four classes: The first part of each class is lecture, films and written exercises. The second part is a group discussion period. At the end of each school a one hour confrontation interview is scheduled between instructor and client.

Topics:

- a. The Problem of Abusive Use of Alcohol on Highway
- b. Alcohol Impairment vs. Drunkenness
- c. What is Problem Drinking
- d. What Can Be Done to Prevent Future DWI

B. NIAAA Counseling (ATAC)

1. Number of Sessions: 12
2. Length of Sessions: 2 hours
3. Session Size: 8 (average)
4. Number of Instructors: 1
5. Training of Instructors: NIAAA counselor
6. Cost: Cost is paid by NIAAA.
7. Type of Client: Problem Drinkers (primarily)
8. Primary Objective: not specified
9. Strategies: Therapy is usually conducted on an individual basis. When group therapy is used it usually takes the form of group interaction among the participants

C. Traditional Treatment Modalities

These modalities are mentioned in a project report but no details are given. The context in which they are mentioned implies outpatient and inpatient modalities pre-existent to Vermont ASAP.

Region II

Nassau County, New York

I. General Description

A. Modalities

1. Driver Rehabilitation Group
2. Special Rehabilitation Group

B. Assignment to Treatment

1. Referral to ASAP by the Court

All persons convicted of Driving While Intoxicated (DWI) or Driving While Ability Impaired (DWAI) in Nassau District Court, were potentially eligible for entry into the ASAP system. Assignment to ASAP was random, with only one half of the persons eligible invited to participate. The selection process was initiated by the New York State Department of Motor Vehicles which provided ASAP with serially numbered sealed envelopes which contained an inner envelope indicating whether an invitation to participate was to be extended. Selection of placement of invitations in the numerical sequence was determined by a random number table. Upon conviction, the judge opened the envelope. If no invitation was found the person was processed according to normal procedures and he/she was considered a control group member. Invitations resulted in the person being informed of the program, offered retention of his/her license for participation, and told to report immediately to ASAP. Persons refusing were classed as declined. Not guilty envelopes were returned unopened to ASAP.

2. Referral to Treatment by ASAP

Nassau County ASAP was provided daily with a computer generated abstract of the driving record of each person processed that day and an indication of the group membership (i.e. attend, control, decline). Persons with a record of previous attendance, who had had an

Nassau County, New York (continued)

uninsured accident or were professional drivers, were screened by DMV from the pool of persons attending rehabilitation. The initial contact by ASAP was in the form of Wednesday night Orientation Meetings. The purpose of these meetings was to collect information for diagnosis. However, information gathering was interspersed with small group discussions and films. This meeting was actually the first of the series of rehabilitation meetings. Persons determined to have severe drinking problems were referred to special groups as a more intensive form of treatment. Others continued in the Driver Rehabilitation Group.

C. Diagnostic Procedures

Diagnostic methods were adopted for two reasons:

1. Provide group leaders with information about their driver-students
2. Glean pre-course data on drivers for research use.

The diagnostic decision was based on the following information:

Driving Record
MAST (Michigan Alcohol Screening Test) a modified version
Medical Screening
Staff Evaluation (primarily recovered alcoholics)
Vocabulary Test
Gordon Personal Profile
Driving Experience Record

All research information was gathered in a uniform manner up to the completion of the project, but a change in diagnostic process within rehabilitation occurred after the first year. At this time, the group leader's decision exerted a larger and consequently more subjective influence on the evaluation of each driver.

D. Probation Mechanisms

No probation mechanism existed at this project.

Nassau County, New York (continued)

II. Individual Modalities

A. Driver Rehabilitation Group

This modality was operated under the aegis of the New York State Experimental Driver Rehabilitation Program. Attendance was established by law as being not less than ten nor more than thirty hours.

Groups met for two hours once a week. The course curriculum was laid out for eleven sessions. The average size of sessions was 10-12 persons. The groups were conducted by reformed alcoholics who had attended between 40-100 hours of training in alcohol safety, group dynamics and the curriculum of the program. The program involved a process of "learning how to learn" called meta-learning which involved a type of self-analysis. Every fifth week the session was replaced with a night of individual interview/counseling between the group leader and students. Didactic information was part of each session. Key topics include alcohol and effects on driving, judging hazards, A.A., problem drinking and alcoholism, social drinking. The school is diagnosed for all drinker types.

B. Special Group

This modality differed from the regular groups in the following ways: (1) They lasted three hours, rather than two, and met biweekly instead of weekly. (2) The participant was required to bring another family member he lived with. (3) This group was lead by a male and female, A.A. member and non-alcoholic team. (4) Persons were referred to further help at other agencies.

Region III

Delaware

I. General Description

A. Modalities

1. Same modality: Problem Drinker Driver Program
 - a. Alcoholism Services, New Castle CAC
 - b. Alcoholism Services, Kent County
 - c. Alcoholism Services, Sussex County
2. Driver Education (DE-2) School

B. Assignment to Treatment

1. Referral to ASAP by the Court

DWI is the only alcohol-related offense in the state of Delaware. DWI cases may be heard in Magistrate (Justice of the Peace), Municipal, Family or Alderman Courts. Appeals are heard in Court of Common Pleas. The majority (approximately 80%) of DWI cases are processed at the Magistrate level. State law defines the punitive sanction imposed for DWI offenses. A one year drivers license revocation is also imposed. A \$200 fine is mandatory, but fine and jail sentence can be reduced. Only first offenders may receive a suspended sentence. It is the relicensing that requires rehabilitation action. All courts have presentence investigators available for record checks and development of recommendations for all types of cases. These are not ASAP affiliated investigators. ASAP operates an investigative team in each of the three counties which handle DWI cases exclusively. Magistrate Courts refer nearly all convicted DWIs to ASAP for diagnosis. Other courts refer some cases to ASAP for treatment.

Delaware (continued)

2. Referral to Treatment by ASAP

ASAP investigation teams diagnose drinker type and make treatment recommendations which are returned to the court prior to sentencing. The court may use reduced sanctions for first offenders to persuade them to participate in treatment. Prior to April, 1974, the court could not legally require participation in rehabilitation.

C. Diagnostic Procedures

The ASAP presentence investigators utilize the Mortimer-Filkins questionnaire and interview as well as available background information in the determination of drinker type. Three classifications are reported based on Mortimer-Filkins scores.

1. Problem Drinker (PD) > 85
2. Presumptive Problem Drinker (PPD) 60-84
3. Social Drinker (SD) < 60

Treatment recommendations, however, utilize the following score distribution:

1. PD > 65
2. SD < 65

D. Probation Mechanisms

Delaware does not have a probation mechanism. Follow-up took the form of relicensing investigations. A persons driving privileges could be withheld at the end of the revocation period if rehabilitation was not demonstrated.

As of April 23, 1974, all courts handling DWI cases are empowered to issue court orders requiring participation in rehabilitation in exchange for the suspension of all new mandatory penalties. Violation of such a court order resulted in the reinstatement of all suspended penalties. Prior to this, participation had been essentially voluntary.

Delaware (continued)

II. Individual Modalities

A. Problem Drinking Driver Program

The same modality is operated in each of Delaware's three counties.

1. Number of Sessions: 24
2. Days Between Sessions: 7
3. Length of Sessions: 120 (minutes)
4. Session Size: 23
5. Number of Instructors: 1
6. Training of Instructors: Alcohol counselors with Masters degree
7. Cost: This is a modality initiated through the NIAAA companion grant of October 1973. Costs are paid by clients. A sliding scale is used based on ability to pay.
8. Type of Client: Problem Drinker and Alcoholic
9. Primary Objective: To use education and social pressure leading to motivation of those who have been convicted of Driving While Intoxicated so that they will not recidivate.
10. Strategies: Weekly sessions of two hours each focus on the problem drinking of clients utilizing both group dynamic and individual counseling.

B. Drivers Education (DE-2) School.

This modality was initiated June 3, 1975. The following is a description based on the modality proposal.

1. Number of Sessions: 6
2. Days Between Sessions: 7

Delaware (continued)

3. Length of Sessions: 90 (minutes)
4. Session Size: 15
5. Number of Instructors: 1
6. Training of Instructors: High School graduates, alcohol counseling experience, trained in group dynamics.
7. Cost: \$45 per client
8. Type of Client: Problem Drinkers and selected Social Drinkers
9. Primary Objective: Provide a special re-education course for convicted DWIs in order to change their behavioral pattern as a necessary step toward regaining a license to drive.
10. Strategies: Primarily educational and didactic with the latter sessions evolving to a more group dynamics oriented approach to problem drinking.

Key topics include: Effects of alcohol on driving, importance of individual drivers meeting the responsibility of operating a motor vehicle, the need for veteran and incipient problem drinkers to seek help in changing their behavior.

Fairfax County, Virginia

I. General Description

A. Modalities

1. Driver Improvement School
2. Fairfax Alcohol Community Education
3. Community Alcohol Center Clinic
4. Fairfax-Falls Church Mental Health Center

B. Assignment to Treatment

1. Referral to ASAP by the Court

Elements of the judicial system in Fairfax ASAP include a probation office created with ASAP funds, the Fairfax County Court, Municipal Courts in Herndon, Vienna, Falls Church, and Fairfax, the Commonwealth Attorney, and municipal attorneys. In July of 1973, all County Courts in Virginia were consolidated into a district court system. Post July 1973, judicial configuration is made up on the Fairfax District Court, Fairfax City District Court, Falls Church District Court, Herndon District Court, and Vienna District Court. The ASAP Probation Services Office (PSO) serves all five districts. The primary function of the PSO is to screen and evaluate defendants arrested for DWI for referral to appropriate treatment, and to monitor defendants and interpret treatment results for the court. DWI defendants are automatically checked for recidivism prior to trial. At their hearing, the defendant may volunteer or agree to participate in the ASAP program. If so, an appointment for a screening interview is made. Persons cannot be ordered to participate and refusal to cooperate terminates ASAP contact. Assignment to probation is assignment to ASAP.

Fairfax County, Virginia (continued)

2. Referral to Treatment by ASAP

Screening interviews are held for groups of defendants. The screening and subsequent evaluation will provide the basis for decision about treatment programming. Assignment to ASAP and subsequently to treatment is part of the probation process. Disposition of cases is withheld pending successful completion of treatment.

C. Diagnostic Procedures

Prior to May 1973, diagnosis was based on Mortimer-Filkins test scores and individual interview results. After May 1973, the classification was made on the basis of a group intake. Defendants are classified into four levels based on the following information:

- Demographics
- Driver records
- Criminal records
- Mortimer-Filkins questionnaire
- Problem Drinker symptoms (not reported how these are assessed)

The four levels of drinking severity are:

- Level I - Non-Problem or Social Drinker
- Level II - Pre or Potential Problem Drinker
- Level III - Problem Drinker
- Level IV - Undetermined or Unidentified

Assignment to treatment is made on the basis of level and therapeutic need. Diagnostic investigation is conducted by probation officers. No specific criteria are reported. All defendants are assigned to Driver Improvement School. Level IV defendants have their cases reviewed and Level II defendants generally are referred to FACE. Level III defendants are assigned to alcohol centers. All treatment is a condition of probation.

Fairfax County, Virginia (continued)

D. Probation Mechanisms

The probation office was created with ASAP funds. There was in effect a pre-prosecution reporting probation.

II. Individual Modalities

A. Driver Improvement School

1. Number of Sessions: 8
2. Days Between Sessions: 7 (There is also a course offered in two eight-hour sessions on weekends.)
3. Length of Sessions: 120 (minutes)
4. Session Size: 15
5. Number of Instructors: 1 per session
6. Training of Instructors: Drivers Education Instructors
7. Cost: Initiated with ASAP funds, clients pay \$30 so that DIS is now self sustaining.
8. Type of Client: This modality is designed for Social Drinkers.
9. Primary Objective: To offer, in an educational setting, knowledge necessary to affect a change in the drinking driving behavior of Social Drinkers.
10. Strategies: All class instruction is drinking/driving oriented with concern for the psychological and physiological affects of alcohol. Class format emphasizes student participation.
 - a. Key topics:
 - (1) How alcohol affects a person's body, mind and behavior

Fairfax County, Virginia (continued)

- (2) How alcohol affects driving skill
- (3) The Driver - the Good, the Bad, the Drinker
- (4) The Drinking Driver and the Law
- (5) The Drinker - The Problem Drinker - Who Becomes the Problem Drinker
- (6) Where to go for help
- (7) Selecting alternatives to driving after drinking

b. Instructional format

- (1) Introductory mini-lecture
- (2) Informal discussion
- (3) Demonstration
- (4) Question - Answer
- (5) Comments on audio-visual material
- (6) Use of chalkboard to outline summary topics
- (7) Individual expression of personal problems and possible solutions
- (8) Written assignments - class and home

B. Fairfax Alcohol Community Education (FACE)

1. Number of Sessions: 10
2. Days Between Sessions: 7
3. Length of Sessions: 120 (minutes)
4. Session Size: 25
5. Number of Instructors: 1

Fairfax County, Virginia (continued)

6. Training of Instructors: Probation officers
7. Cost: Operated by the Council on Alcoholism for Fairfax County Inc.
8. Type of Client: Pre or Potential Problem Drinkers. Assignment to FACE indicates that the probation officer involved in the case perceives the potential for the client to develop serious problems with alcohol.
9. Primary Objective: Provide the student with enough basic information about alcohol and problem drinking to make educated assessments about his own drinking habits. Furthermore, FACE is designed to encourage the student, on the basis of this information, to make rational and well conceived decisions about his life style.
10. Strategies: FACE classes are not lecture - they are guided discussions. Reading materials and weekly homework assignments are required.
 - a. Key topics
 - (1) DWI, the law and law enforcement
 - (2) Sociocultural environment in which the laws evolved
 - (3) Physiological effects of alcohol
 - (4) Focus on problems, the need for self awareness
 - (5) Alcoholism as a disease
 - (6) Effects of alcoholism on families and friends
 - (7) Role of business and industry in identifying Problem Drinkers
 - (8) Referral services available

Fairfax County, Virginia (continued)

C. Community Alcohol Center Clinic (CACC)

The Alcohol Clinic offers several forms of treatment. These include chemotherapy, individual therapy, and inpatient treatment.

Chemotherapy is entirely voluntary, administered through the clinic by a physician. The cost of the program is shared by the client, HIAAA, and the CACC.

If individual therapy is recommended by the court, the client is generally persuaded to participate in exchange for a reduction of sanctions. The therapy is conducted at the clinic by a staff psychiatrist. The intensity and frequency of sessions is dependent upon the severity of the problem and the treatment regimen outlined by the therapist. The primary objective is stated as "behavior modification of the individual problem drinker."

Inpatient treatment is rarely utilized except in those cases requiring emergency detoxification. All of the treatment offered through CACC is oriented toward the Problem Drinker and Alcoholic.

D. Fairfax-Falls Church Mental Health Center
Diagnostic and Psychiatric Evaluation Unit

1. Number of Sessions: Open ended
2. Days Between Sessions: 1
3. Length of Sessions: 150 (minutes)
4. Session Size: 4
5. Number of Instructors: 1
6. Training of Instructors: Not reported
7. Cost: ASAP supported
8. Type of Client: Problem Drinker with emotional problems

Fairfax County, Virginia (continued)

9. Primary Objective: Diagnosis of drinking severity, emotional problems and causes.
10. Strategies: Small group intake, small group sessions in conjunction with FACE lectures.

Region IV

Richland County, South Carolina

I. General Description

A. Modalities

1. Alcohol Traffic Safety School
2. Individual Therapy
3. Group Therapy
4. Family Therapy
5. Chemotherapy
6. Inpatient Treatment
7. Day Care
8. Jail Control Group
9. Natural Control Group

B. Assignment to Treatment

1. Referral to ASAP by the Court

Four court systems operate within the Richland County ASAP area: Richland County Magistrate Courts, which number 13, Columbia City Court, General Sessions Court, and Richland County Criminal Court. The latter two courts handle multiple DUI offenders. The majority of referrals to diagnosis and treatment come from the Columbia City Court. In this court system, an Assistant Clerk of Courts, an ASAP supported position, contacts the DUI defendant and explains the rehabilitation system. The defendant is told that if the arresting officer and presiding judge concur, his case may be continued for six weeks to allow him to participate in treatment. Persons successfully completing rehabilitation programs may be given the opportunity to plead guilty to a lesser charge. This usually means the defendant retains his license unless the lesser charge causes a loss of license due to points.

Richland County, South Carolina (continued)

Magistrate Court procedure is similar to the Columbia City system with three exceptions.

- 1) Courtworkers cannot serve all 13 Magistrate Courts, thus few cases are referred to ASAP.
- 2) Not all Magistrates cooperate with ASAP.
- 3) The arresting officer prosecutes the case.

In the County General Sessions Court and the Richland County Criminal Court where multiple offenders are tried, participation in rehabilitation does not result in a reduced charge and nol-prossed DUI. Participation may, however, result in a reduced penalty.

The Provisional Driver's License Act enacted April 15, 1975 has resulted in a change of process for first offenders. Under the terms of the act, a convicted first offender (DUI) may be issued a provisional drivers license if he proves financial responsibility and enters the ASAP program. These clients all attend ATS as an initial treatment.

2. Referral to Treatment by ASAP

The Mid-Carolina Council on Alcoholism (MICCA) employs four full time courtworkers who are responsible for both diagnosis and referral to rehabilitation. An evaluation of each client was made by a courtworker under the direction of the rehabilitation coordinator. On the basis of both objective and subjective observations, the persons were classified as to the severity of their drinking problem. For most cases, treatment referrals were based on drinker diagnosis. Treatment plans were discussed with the client and in most cases, mutually agreeable to all concerned. By virtue of the different objectives of the various modalities, the Non-Problem Drinkers and Unidentified Drinkers were generally referred to ATSS and the Problem Drinkers to other therapeutic modalities. Prior to April 15, 1975, courtworkers made referrals. Following enactment of the Provisional License Act, referrals were self-made and all first offenders were encouraged to attend ATSS.

Richland County, South Carolina (continued)

C. Diagnostic Procedures

An evaluation of a DUI offender was made on the basis of both objective and subjective observations. The diagnostic interview included:

- Psycho-social history information
- Mortimer-Filkins Interview
- Driver record check
- Criminal record check
- Social Health Agency check
- Family/employment check
- Additional psychological tests

The Mortimer-Filkins score and psycho-social history were the two most important elements in determining which classification an individual was assigned: Problem Drinker (PD), Non-Problem Drinker (NPD), Unidentified (UI). The latter was used only when results of the interview are deemed inconclusive.

D. Probation Mechanisms

There is no probation system at this project. After a first offender had been referred to rehabilitation, the courtworker handling the case was responsible for communicating to the court a recommendation concerning the defendant's case after the individual had sufficient time to complete his scheduled rehabilitation activities. The recommendation was based on the defendant's attitude performance, and progress in his rehabilitation activities. Failure to successfully complete rehabilitation, aside from extenuating circumstances, resulted in an unfavorable recommendation and the client was tried as originally charged. Successful completion and a favorable recommendation usually resulted in trial at a lesser charge and in most cases no revocation of license. Following enactment of the Provisional Drivers License Act, referrals were self made and follow-up was only monitored by courtworkers. In some cases, continuance of the case was revoked and disposition occurred.

Richland County, South Carolina (continued)

II. Individual Modalities

A. Alcohol Traffic Safety School

1. Number of Sessions: 4
2. Days Between Sessions: 3.5
3. Length of Sessions: 150 (minutes)
4. Session Size: 12-14
5. Number of Instructors: 1972-April 15, 1973 - 1
from April 15, 1973 - 2
6. Training of Instructors: Seven graduate students in helping professions, two staff members of MICCA. Each instructor must sit in for 3-4 months before he assumes his own class. MICCA certification is required.
7. Cost: 100% ASAP funded, subcontract to MICCA
8. Type of Client: Primarily designed for Social Drinkers
9. Primary Objective: "1) To provide first offender DWIs with accurate factual information on effects of use of alcoholic beverages as related to operation of motor vehicles; 2) To dispel misinformation on the relation of alcohol to driving; 3) To provide opportunities for a change of attitude which will lead to integration of facts on the relationship of alcohol to driving into the subsequent behavioral patterns of the individual."
10. Strategies: Group participation and personal involvement. Audio-visual aids, brief informative lectures for information input, pamphlets, testing and group discussion.

Key topics include: Influence of alcohol on driving skill, physiological effects of alcohol, characteristics of alcoholism, self-assessment, ways to seek help and where to go.

Richland County, South Carolina (continued)

B. Individual Therapy

1. Number of Sessions: Variable, 6-8
2. Days Between Sessions: 7
3. Length of Sessions: 60 (minutes)
4. Session Size: 1
5. Number of Instructors: 1
6. Training of Instructors: College degree (BA) or Masters plus alcohol training or Masters in alcohol training
7. Cost: 50% ASAP, 50% NIAAA; MICCA subcontract
8. Type of Client: Problem Drinker
9. Primary Objective: Purpose is to change drinking and driving behavior through the one-to-one helping relationship
10. Strategies: One-to-one counseling

C. Group Therapy

1. Number of Sessions: 7
2. Days Between Sessions: 7
3. Length of Sessions: 90 (minutes)
4. Session Size: 8 (average)
5. Number of Instructors: 2
6. Training of Instructors: BA and MA plus specialized training in alcohol counseling
7. Cost: 50% ASAP, 50% NIAAA; MICCA subcontract
8. Type of Client: Problem Drinker
9. Primary Objective: Change drinking and driving behavior through the pressure and support of several individuals in the same situation in the context of the helping relationship.

Richland County, South Carolina (continued)

10. Strategies: Sessions are oriented in the following manner: 1 Gestalt, 1 Behavior Modification, 1 Reality, 1 Rogerian, 2 Eclectic.

D. Family Therapy

1. Number of Sessions: 7 (average)
2. Days Between Sessions: 7
3. Length of Sessions: 60 (minutes)
4. Session Size: 1 plus family members
5. Number of Instructors: 1
6. Training of Instructors: MA, experience with alcoholism counseling and group dynamics
7. Cost: ASAP - 50%, NIAAA - 50%, MICCA sub-contract
8. Type of Client: Problem Drinker and relevant family members
9. Primary Objective: Change the drinking driving behavior through the examination and reorganization of the family dynamic in the context of the helping relationship.
10. Strategies: Essentially a combination of group and individual therapies except the family is the group.

E. Chemotherapy

1. Number of Sessions: Variable
2. Days Between Sessions: 1
3. Length of Sessions: Not applicable
4. Session Size: 1
5. Number of Instructors: 1
6. Training of Instructors: Private M.D.

Richland County, South Carolina (continued)

7. Cost: Paid by client - not specified as to amount
8. Type of Client: Severe Problem Drinker
9. Primary Objective: Chemically aid individuals in abstinence.
10. Strategies: A voluntary program, this program is assigned with client's request and in conjunction with individual and/or group therapy. (Usually employed in conjunction with individual therapy.)

F. Inpatient Treatment

1. Number of Sessions: 28 (average)
2. Days Between Sessions: 1
3. Length of Sessions: 24 (hours)
4. Session Size: 1
5. Number of Instructors: 8
6. Training of Instructors: 1 psychiatrist, 1 clinical psychologist, 3 social workers, 1 clergyman, 2 alcohol counselors
7. Cost: 5% paid by client, 75% by vocational rehabilitation. Total cost per client is not specified.
8. Type of Client: Severe Problem Drinker
9. Primary Objective: Designed for those severe Problem Drinkers in need of alcohol detoxification and a controlled environment to begin the process of modifying drinking and driving behavior.
10. Strategies: Emphasis is placed on "drying out" and increase in self esteem through self-improvement exercises.

Richland County, South Carolina (continued)

G. Day Care

This modality is not described by the project but by the following:

A modality assigned for those clients who are in need of partially controlled environment to begin the process of modifying drinking and driving behavior.

H. Jail Control Group

Persons interviewed and diagnosed at the Columbia City or Richland County jail following a charge of DUI. Individuals who later entered treatment were eliminated from the group.

I. Natural Control Group

All individuals in the charged DUI population in Richland County during the ASAP operational period who did not complete rehabilitation.

Tampa, Florida

I. General Description

A. Modalities

1. DWI Counterattack
2. Tampa Area Council on Alcoholism (TACOA) Consultation/Diagnosis and Referral (C & R)
3. TACOA Information and Education (I & E)
4. TACOA Group Therapy and Youth Group Therapy
5. ASAP Supported Group Therapy
6. NIAAA (National Institute of Alcohol Abuse and Alcoholism) Group Therapy

B. Assignment to Treatment

1. Referral to ASAP by the Court

Two courts exercise jurisdiction in the Tampa Hillsborough County area. The Circuit Court handles domestic relations, felonies, and appeals from the County Court. The County Court handles violations of all county and city ordinances and small claims cases. Alcohol-related traffic cases are heard in the Traffic Court division of County Court. Jury trial for alcohol-related driving offenses are heard in the County Court Criminal Division. Only guilty or nolo contendere pleas may be sentenced to rehabilitation. Not guilty pleas in County Court result in dismissal or transfer to State Court on appeal. Persons convicted of DWI may be ordered to participate in rehabilitation at the discretion of the presiding judge. At the time of conviction, the court order specifically refers an individual to DWI Counterattack and TACOA C & R. The court order is of such a nature as to allow for any further treatment recommendation made by TACOA to become a part of the court order.

Tampa, Florida (continued)

2. Referral to Treatment by ASAP

Any further treatment recommendations made by TACOA C & R becomes part of the court ordered rehabilitation program for that individual. Referral to treatment is ideally based on drinker type, but in practice it is not always the case.

C. Diagnostic Procedures

The presentence investigator collects information relative to BAC, crash severity, other A/R offenses, and local driving record. Drinker diagnosis is based solely on Mortimer-Filkins score. Social Drinkers (SD) are those persons scoring 0-59; a score of 60-84 assigns one to the Presumptive Problem Drinker (PPD) class; and Problem Drinkers (PD) are those persons scoring 84 or more. This information is communicated to the court at the time of arraignment. In the optimal case, the judge considers this information and bases his decision on sentence accordingly. Mortimer-Filkins and drinker diagnosis are considered a treatment (TACOA C & R).

D. Probation Mechanisms

Persons are usually referred to rehabilitation as a condition of probation. Probation period is 12-24 months with monthly reports required. Cooperation with probation requirements can lead to withheld judgement, and upon satisfactory completion of rehabilitation, charges are reduced.

II. Individual Modalities

A. DWI Counterattack

1. Number of Sessions: 4
2. Days Between Sessions: 7
3. Length of Sessions: 180 (minutes)
4. Session Size: 19
5. Number of Instructors: 1 per session

Tampa, Florida (continued)

6. Training of Instructors: MA in behavioral sciences.
 7. Cost: The client is charged \$30.
 8. Type of Client: All DWIs
 9. Primary Objective: To modify or otherwise change DWI behavior
 10. Strategies: Group meeting, primarily didactic
 - a. Key topics
 - (1) Scope of the drinking driving problem
 - (2) How drinking affects individual functioning
 - (3) How alcohol affects driving skill
 - (4) Problem drinking and alcoholism
 - (5) Need of self evaluation and help available
- B. Tampa Area Council on Alcoholism: (TACOA)
Consultation/Diagnostic and Referral (C & R)
1. Number of Sessions: 1
 2. Days Between Sessions: 1 - only one meeting
 3. Length of Sessions: 1-3 hours
 4. Session Size: 1
 5. Number of Instructors: 1
 6. Training of Instructors: Recovered alcoholics
 7. Cost: \$30 per client, paid by participant
 8. Type of Client: Any DWI
 9. Primary Objective: Diagnosis of drinking problem severity and referral to appropriate treatment.

Tampa, Florida (continued)

10. Strategies: Recovered alcoholics administer the Mortimer-Filkins diagnostic questionnaire and interview. Cut off scores are as mentioned above. The interviewer has freedom to probe for answers, i.e., the first answer is not always the one scored.

C. TACOA Information and Education (I & E)

1. Number of Sessions: 2
2. Days Between Sessions: 7
3. Length of Sessions: 120 (minutes)
4. Session Size: 30
5. Number of Instructors: Not reported, but the meetings are held at AA clubs.
6. Training of Instructors: MA in behavioral science
7. Cost: TACOA absorbed the entire cost of this modality
8. Type of Client: All types are referred, but this modality is designed for the non-social drinkers
9. Primary Objective: Introduction to alcoholism and Alcoholics Anonymous treatment organizations
10. Strategies: The first hour is devoted to films concerning alcoholism, Alanon, and the results of alcohol abuse. The second hour is devoted to discussion.

D. TACOA Group and Youth Group Therapy

1. Number of Sessions: 10
2. Days Between Sessions: 7
3. Length of Sessions: 120 (minutes)
4. Session Size: 15
5. Number of Instructors: 2

Tampa, Florida (continued)

6. Training of Instructors: One Ph.D. in Clinical Psychology, one alcoholism specialist
 7. Cost: \$10 per client
 8. Type of Client: Problem Drinker
 9. Primary Objective: To offer the Problem Drinker a place to begin to deal with his problem. Therapy is reality oriented.
 10. Strategies: The effort is made to invite family members in order to build the beginnings of a social group not dependent upon alcohol for interaction. Therapy covers the physical, emotional, conversant and cultural aspects of problem drinking. Unity of the vital life areas is stressed.
- E. ASAP Supported Group Therapy
1. Number of Sessions: 16
 2. Days Between Sessions: 7
 3. Length of Sessions: 180 (minutes)
 4. Session Size: 15
 5. Number of Instructors: 1
 6. Training of Instructors: MSW, Vocational Education counselor, 10 years experience in alcohol counseling.
 7. Cost: Total cost was borne by GTASAP
 8. Type of Client: Problem Drinkers
 9. Primary Objective: To identify problem drinking and help the Problem Drinker in finding a solution to his drinking problem.
 10. Strategies: This treatment modality used the "typical" group therapy approach utilizing reality oriented therapy as well as non-directive techniques.

Tampa, Florida (continued)

F. NIAAA

1. Number of Sessions: 35
2. Days Between Sessions: 7
3. Length of Sessions: 120 (minutes)
4. Session Size: 20
5. Number of Instructors: 1 per session
6. Training of Instructors: MSW, vocational counselor
7. Cost: Total cost is borne by grant from NIAAA in conjunction with a sliding scale client fee.
8. Type of Client: Problem Drinker

In all other aspects this modality is identical ASAP group therapy.

NIAAA also supports inpatient and intermediate residential treatment for Problem Drinkers.

Region V

Hennepin County, Minnesota

I. General Description

A. Modalities

1. Workhouse
2. DWI Course
3. Chalk Talks
4. Alcoholics Anonymous
5. Other Counseling
6. Other Outpatient
7. Inpatient

B. Assignment to Treatment

1. Referral to ASAP by the Court

Upon conviction, the judge decides whether to request a PSI. About 80% of the PSIs are done by ASAP staff and 20% by Court Services. There are large differences between the performance of these two groups. The judge usually adopts the treatment recommendations based on the PSI in which case there is also follow-up to determine treatment outcome. The usual procedure for insuring compliance is total or partial suspension of sentence upon successful completion of treatment.

2. Referral to Treatment by ASAP

Initial point of rehabilitation system operation is a referral from the court following adjudication. Lesser charges are not required to go through PSI procedures.

a. PSI

- (1) ASAP-funded probation officer
- (2) Regular Court Service Staff
(ASAP format)

Hennepin County, Minnesota (continued)

- (3) Regular Court Service Staff
(individual investigation format)
- b. ASAP Format
 - (1) Existing records search (drivers license, criminal records, etc.)
 - (2) Interview with client
 - (3) Interview with spouse or employer
- c. Determination Factors
 - (1) Alcohol normally consumed
 - (2) Alcohol consumed prior to arrest
 - (3) Clients' purpose for drinking
 - (4) Drinking habits
- d. Classification
 - (1) Non-Problem Drinker (\overline{PD})
 - (2) Non-Alcoholic Problem Drinker
(PD AL)
 - (3) Alcoholic (AL)
 - (4) Unclassified (UI)
- e. Referred
 - (1) \overline{PD} : DWI Course
 - (2) PD \overline{AL} : DUI or Chalk Talks
(outpatient)
 - (3) AL: Chalk Talks, outpatient,
inpatient, or AA
 - (4) UI: Evaluation Center, Mental
Health Program

Hennepin County, Minnesota (continued)

f. Secondary Supportive Programs

- (1) Chemical Dependency Programs:
AA, group counseling
- (2) Non-alcoholic Social Program:
Vocational Rehabilitation,
marital counseling

C. Diagnostic Procedures

It is a condition of the courts that diagnosis be made in 30 minutes. Thus no time consuming measures can be used.

1. Criteria

- a. BAC: > .15 = ALPD*
- b. Purpose of Drinking
 - (1) Relieve stress*
 - (2) Enable sleep*
- c. Impact of Drinking/Personality
 - (1) Aggressive*
 - (2) Marked change
 - (3) Slight/Little change
- d. Impact of Drinking/Health
 - (1) Liver Ailment*
 - (2) Fractures*
 - (3) Other
- e. Impact of Drinking/Job
 - (1) Loss of job*

* Indicate criteria for problem drinking

Hennepin County, Minnesota (continued)

(2) Absenteeism*

(3) Suspicion of above*

f. Impact of Drinking/Family

(1) Divorce*

(2) Separation*

(3) Threat of above*

(4) None

g. Traffic/Criminal Data

(1) Previous alcohol-related conviction

(2) Careless driving conviction

PD → DWI Course

PD → Chalk Talks, Outpatient, DWI Course

PDAL → Inpatient, AA, Outpatient, Chalk Talks

Unclassified → Evaluation Center Mental Health Program

D. Probation Mechanisms

The usual procedure for processing first offenders was a \$300 fine and a 30 day jail sentence. The jail sentence was stayed one year on conditions imposed by the court. The conditions of probation could include a variety of rehabilitation programs. Drivers license revocation was automatic. For second and subsequent offenses, the jail sentence was mandatory. However, the judge would often impose a longer sentence and withhold a portion as incentive for participation in rehabilitation.

* Indicate criteria for problem drinking

Hennepin County, Minnesota (continued)

Clients granted probation are contacted 60 days following assignment to treatment. Clients not completing their assigned rehabilitation had their cases reviewed. An extension was granted, if merited, however probation could also be revoked.

II. Individual Modalities

A. Workhouse

Used as an alternative to treatment. A person can serve 10 to 90 days workhouse time. Legal requirements force second offenders to serve a workhouse sentence. Thus, the majority of persons sent to workhouse are Alcoholic Problem Drinkers by classification.

This is "a treatment modality in the liberal sense." Its primary use is to impress upon the client both the seriousness of the traffic offense which involves a drinking problem and the need for the client to recognize this problem, realize the need for change, and accept treatment as an alternative.

B. DWI Course

1. Number of Sessions: 3
2. Days Between Sessions: 2
3. Length of Sessions: 180 (minutes)
4. Session Size: 11-15
5. Number of Instructors: 1
6. Training of Instructors: Driver Education teachers with special alcohol-related training
7. Cost: \$15 to client (35% of cost)
8. Type of Client: Designed for Social Drinkers but accomodation for all drinker types

Hennepin County, Minnesota (continued)

9. Primary Objective: 1) The student will be able to discuss the consequences of drinking and driving and how alcohol influences the driving task. 2) The student will be able to discuss the way alcohol effects the body and how it effects driving skill. 3) The student will be aware of alcoholic behavior and will do a self evaluation in this regard.
10. Strategies: Educational, didactic program. Seven films are used. Discussion is encouraged. Tests of drinking habits and alcoholism are determined.

C. Chalk Talks

1. Number of Sessions: 12
2. Days Between Sessions: 2
3. Length of Sessions: 90 (minutes)
4. Session Size: 50-100
5. Number of Instructors: 3 per session
6. Training of Instructors: Staff of Alcohol Therapy Unit
7. Cost: Sponsored by Hennepin County Alcohol and Drug Programs
8. Type of Client: Largely designed for Problem Drinkers
9. Primary Objective: Increase knowledge and understanding of use and abuse of alcohol and other drugs
10. Strategies: Didactic - no group discussion

D. Alcoholics Anonymous

Over 400 AA, Alanon and Alateen squads in Hennepin County with more than 700 AA meetings a week.

AA may be used as a primary program (i.e., court order) in which case the client may choose between

Hennepin County, Minnesota (continued)

AA or workhouse. Otherwise it is a secondary referral modality. Attendance is voluntary.

Fourteen percent of total initial referrals were made to AA. Eighty-four percent of AA referrals were Alcoholics.

Follow-up interview is usually conducted three to six months after initial AA contact. Progress is assessed and recommendation of revocation of probation or referral to other treatment is made.

E. Other Counseling (ASAP Counseling and Referral)

Not originally intended for treatment. Its main purpose is to provide a diagnostic service.

Used as a follow-up mechanism to insure that the client is using the information to begin making decisions and to reinforce the value of the treatment or education provided.

F. Other Outpatient

Included in this group of modalities are such programs as family services, family intervention or psychological evaluation. The bulk of initial referrals (6% of total) were Social Drinkers.

G. Inpatient (see below for general information)

1. Meadowbrook Treatment Center (Public-County)

- a. 28 days (2 weeks in, 2 weeks out)
- b. Group sessions, lectures, confrontation
- c. No detoxification. Best for clients with strong denial. Strong aftercare

2. Anoka State Hospital (Public-State)

- a. Open ended
- b. Minimum - 30 days, maximum - 90 days
- c. Didactic lectures, some group sessions
- d. Weak aftercare

Hennepin County, Minnesota (continued)

- e. No detoxification
- 3. Veterans Hospital (Public-V.A.)
 - a. Open ended
 - b. Minimum - 4 weeks
 - c. Group sessions, confrontation
 - d. Best suited for veterans not meeting requirements for other facilities
- 4. Pioneer House (Public-City, County)
 - a. Male residents
 - b. 21 days
 - c. Lecture program and AA
 - d. No group work or confrontation
- 5. Golden Valley Treatment Center
Metropolitan Northwestern Hospital (Private)
 - a. Open ended (average 4 weeks)
 - b. Lectures and group session
 - c. Little confrontation
 - d. Detoxification available
- 6. St. Mary's Hospital (Private)
 - a. Open ended
 - b. Confrontation and group sessions
 - c. Detoxification provided

State and private hospitals use medical models which provide for full medical diagnosis. Cost is usually \$100-\$150 per day. Other private institutions use social services which do not provide medical diagnosis unless necessary. Costs range from \$30 to \$40 per day. Of clients referred to inpatient, 95% were ALPD.

Washtenaw County, Michigan

I. General Description

A. Modalities

1. Alcohol Education Series
2. Educational Program for Probationers
3. Washtenaw County Driver Safety School
4. Antabuse
5. General Probation

} Educational
Classes

B. Assignment to Treatment

1. Referral to ASAP by the Court

Persons charged with an alcohol-related offense were seen by one of five judges in the 14th or 15th District Court. Conviction resulted in a 40 day deferred sentence. During this deferral period, the client was referred to an ASAP court counselor. This counselor interviewed and diagnosed people and returned the results along with treatment and sentencing recommendations to the court. Disposition of cases may include reduced charge as incentive for participation in treatment and/or treatment as a condition of probation.

2. Referral to Treatment by ASAP

The ASAP court counselor formulated a treatment program for each individual. This program was submitted to the court for consideration in sentencing. In addition, the court counselor determined whether chemotherapy would benefit the client. If so, the person was referred to the Washtenaw Council on Alcoholism to initiate the chemotherapy program. The client was placed in this treatment program prior to sentencing and continued on court probation following sentencing. Persons participating in chemotherapy were also assigned to the Educational Program for Probationers.

Washtenaw County, Michigan (continued)

C. Diagnostic Procedures

On the basis of available information, the Washtenaw County diagnostic decision was primarily a subjective one made by the ASAP court counselor prior to sentencing. Information gathered during the investigative interview included alcohol-related treatment records check, criminal and traffic records check, and personal interview. BAC was also considered.

Upon completion of the interview, the counselor diagnosed the client as Alcoholic, Problem Drinker, Pre-Alcoholic, or Non-Problem Drinker. No criteria for classification was reported by the project.

D. Probation Mechanisms

Probation is offered as a treatment modality and is described below.

II. Individual Modalities

A. Alcohol Education Series

1. Number of Sessions: 6
2. Days Between Sessions: 7
3. Length of Sessions: 120 (minutes)
4. Session Size: 14
5. Number of Instructors: 1
6. Training of Instructors: Psychiatric social worker
7. Cost: This modality is conducted by the Washtenaw County Health Department and funded by ASAP
8. Type of Client: Designed for the Problem Drinker
9. Primary Objective: 1) Provide information that may assist individuals in reducing and/or resolving social and economical problems

Washtenaw County, Michigan (continued)

growing out of interpersonal relationships. 2) Increase the individual's knowledge and understanding of the presence and functions of psychological factors in one's life. 3) Increase the individual's knowledge and understanding regarding the availability and functions of both private and public agencies in the community that may assist in resolving and/or reducing social, economical and psychological problems. 4) Motivate the individuals to make use of individual family and group counseling services offered in the community.

10. Strategies: Didactic, information transfer

Key topics include: Theory of human behavior as related to transactional model, discussion of a child's interaction with the environment and development of problems, discussion of basic ingredients of human relationships

B. Educational Program for Probationers (EPP)

1. Number of Sessions: 4
2. Days Between Sessions: 7
3. Length of Sessions: 120 (minutes)
4. Session Size: Not specified
5. Number of Instructors: Not specified
6. Training of Instructors: Not specified
7. Cost: This modality is conducted for ASAP by the Washtenaw County Council on Alcoholism - a United Fund Agency
8. Type of Client: Designed for persons on court probation to the Antabuse program
9. Primary Objective: To recognize what constitutes abusive drinking, to apply this knowledge to the client's own drinking patterns, to lay the groundwork for changing those patterns.

Washtenaw County, Michigan (continued)

10. Strategies: Group discussion is encouraged using films and handouts as nucleus.

Key topics include: Principles of Antabuse therapy, physiological effects of Antabuse, symptoms of problem drinking, reasons for problem drinking, ways of coping without alcohol, sources of help and what others are doing about similar problems, relationship between drinking and traffic safety.

C. Washtenaw County Driver Safety School

This is a four class course of unknown duration. Other particulars and its relationship to ASAP are not available.

Course Objective: 1) Encourage each student to become a critically thinking driver through a better understanding of the total traffic situation. 2) Create a positive attitude toward safety. 3) Develop a positive approach toward self-discipline and encourage the acceptance of responsibility among individual drivers. 4) Develop a better understanding of the function of traffic education, engineering, and enforcement. 5) Update and expand the driver's knowledge of traffic laws. 6) Help the student understand the physical laws that affect the movement of the automobile. 7) Help individuals to understand their capacities and limitations, and the effect of their attitude on their behavior.

D. Chemotherapy

An alcohol offender could voluntarily agree to participate in this program, the main component of which was the administration of the prescription drug Antabuse as a sobriety maintaining agent. Persons in this program attended educational classes, group therapy sessions, and other types of planned activities. A small number of cases were referred to existing social agencies in an attempt to deal with problems which were either causing the drinking problem or which were brought about by the drinking problem.

Washtenaw County, Michigan (continued)

E. General Probation

Persons were placed on probation for a period of several months to a year or more. The general probation "treatment" was enhanced by the addition of a series of educational classes to the probation terms. These classes were designed to assist the probationer in understanding the problems associated with alcohol abuse. Those persons on probation usually attended the longer Education Program for Probationers while non-probationers attended the Alcohol Education Series.

Region VI

New Orleans, Louisiana

I. General Description

A. Modalities

1. Alcohol Safety Action School (ASAS)
2. Tulane Group Therapy
3. Problem Drinker Group Therapy
4. Inpatient Treatment
5. Individual Psychotherapy
6. Antabuse

B. Assignment to Treatment

1. Referral to ASAP by the Court

The judicial processing of DWI cases in New Orleans was handled in four traffic court sections. Persons arrested for DWI were held in jail until bond was posted. Arraignment occurred on the first working day following the arrest. A trial date was set and the defendant was instructed to seek legal counsel. ASAP provided two special prosecutors from the City Attorney's Office. These prosecutors handled only DWI cases. Each was assigned the cases in two of the four traffic court sections. On the day of the trial, usually three months after arraignment, the defendant and his attorney met with the ASAP prosecutor for a pretrial, plea bargaining conference. The vast majority of cases in which the defendant pled guilty to DWI were as a result of other charges being dropped. If a not-guilty plea was entered the case was tried later in the day.

Upon reaching a verdict, the court either sentenced the offender directly to treatment or deferred sentencing and referred the offender to the ASAS and the probation unit for a presentence investigation (PSI).

New Orleans, Louisiana (continued)

Fines associated with sentence (\$100.00 for DWI) were levied at the time of the verdict. The 30-90 day jail sentence is suspended when the individual is placed on probation.

2. Referral to Treatment by ASAP

All individuals placed on probation to ASAP are enrolled in ASAS and referred to ASAP for PSI. Drinker classification is a rather detailed procedure beginning after referral and prior to sentencing. Once the PSI is completed it is returned to the judge three days prior to sentencing. The drinker classification directly determines the condition of probation.

C. Diagnostic Procedures

The New Orleans ASAP has established its own guidelines for drinker classification. Diagnosis is a subjective decision based on objective data compiled in the PSI. This system has been in effect since the first quarter of 1972. Three classifications are used: Problem Drinker, Excessive Drinker, Social Drinker. Information collected by PSI includes BAC, Prior Driving Record, Municipal alcohol-related (A/R) arrests, National Council on Alcoholism Questionnaire, Johns Hopkins Questionnaire, University of Michigan Questionnaire and Interview, and a Cohabitor Interview. The Excessive Drinker category is used as a residual classification for those persons falling between Problem and Social Drinker types. It was felt the inclusion of this category increased the homogeneity of PD and SD Classifications.

Treatment referrals are based on drinker classification. SDs are usually placed on 18 month non-reporting probation and are required to attend ASAS. PDs and EDs are placed on 18 month active probation and are assigned to ASAS as well as other modalities.

D. Probation Mechanisms

Guilty defendants are either sentenced directly or referred for diagnosis and placed on probation.

New Orleans, Louisiana (continued)

Non-problem drinkers were placed on non-reporting probation and required to attend ASAS. Problem drinkers could be offered up to 18 months reporting probation. Reporting intervals were 30 days. Only Orleans Parish residents were offered probation. The probation office was furnished daily attendance records. Delinquent behavior was grounds for revocation of probation.

II. Individual Modalities

A. Alcohol Safety Action School (ASAS)

1. Number of Sessions: 4
2. Days Between Sessions: 3
3. Length of Sessions: 120 minutes
4. Session Size: 45
5. Number of Instructors: 1
6. Training of Instructors: One of the four instructors has an M.A. for DWI instructors from Columbia. Another has a certificate from Rutgers Alcohol Institute. The final two are experience alcohol counselors having attended Phoenix Alcohol Instructors Training Workshop sponsored by AAA.
7. Cost: Cost to clients is \$14.00. The remaining costs are absorbed by ASAP. The modality is reported as self-sustaining.
8. Type of Client: All DWIs are referred to ASAS as the initial segment of treatment. For SDs it is the only requirement of their probation.
9. Primary Objective: Dual purpose. For Social Drinker; increase information level with regard to consequences of repeated arrests for drinking and driving. For ED and PD; serve as an introduction to an active probation and continued treatment.
10. Strategies: This is primarily a didactic educational modality.

New Orleans, Louisiana (continued)

Key topics include: 1) nature of drinking/driving problem, 2) effects of alcohol on driving skills, 3) problem drinking and its implications and 4) self analysis.

B. Tulane Group Therapy

1. Number of Sessions: 10
2. Days Between Sessions: 7
3. Length of Sessions: 90 minutes
4. Session Size: 9
5. Number of Instructors: 2
6. Training of Instructors: Two graduate students in social work.
7. Cost: This is an ASAP sponsored program operated by the Tulane University Graduate School of Social Work.
8. Type of Client: Sessions are designed for Excessive Drinkers.
9. Primary Objective: To monitor the activity of excessive drinkers and to affect a change in their drinking/driving behavior.
10. Strategies: An eclectic therapeutic approach is utilized including Gestalt, Transactional Analysis and Reality Therapies plus some role playing. Both single and couples groups are offered and meetings are held at night.

C. Problem Drinker Group Therapy

1. Number of Sessions: 30
2. Days Between Sessions: 7
3. Length of Sessions: 75 minutes
4. Session Size: 10
5. Number of Instructors: 1

New Orleans, Louisiana (continued)

6. Training of Instructors: Clinical Social Worker
7. Cost: This is an ASAP supported program operated by the Southeastern Alcoholism Clinic and the Charity Alcoholism Clinic (NIAAA funded organization)
8. Type of Client: Problem Drinkers
9. Primary Objective: Provide a therapeutic setting where the Problem Drinker can evaluate his pathological behavior and initiate a change in his drinking habits.
10. Strategies: Gestalt, Transactive Analysis, Reality Oriented, and Confrontation Therapies are all utilized. Some specially designed groups for couples, specific age groups and socio-economic classes have been organized.

D. Inpatient Treatment

1. Number of Sessions: 28 (average)
2. Days Between Sessions: Daily
3. Length of Sessions: Clients are admitted to a hospital for continuous treatment.
4. Session Size: 1
5. Number of Instructors: This modality is operated at two independent institutions. Each hospital has a psychiatrist, social workers and registered nurses who contact the client during the treatment process.
6. Training of Instructors: Not specified
7. Cost: ASAP supports the program operated by the Alcoholism Treatment Service of Southeastern Louisiana State Hospital. This is a forty bed modern unit. The Charity Hospital has a sixteen bed modern behavior modification unit which it employs through funding by NIAAA.
8. Type of Client: The Problem Drinker who desires inpatient help in regaining sobriety.

New Orleans, Louisiana (continued)

6. Training of Instructors: Medical doctor or R.N.
7. Cost: This is an ASAP supported modality operated by Southeastern Alcoholism Clinic.
8. Type of Client: Problem Drinker (PSI classification)
9. Primary Objective: Through the administration of "Antabuse," to keep the Problem Drinker client in a stable sober state while he is attending group therapy sessions. It is never administered without concurrent individual or group therapy.

Oklahoma City, Oklahoma

I. General Description

A. Modalities

1. Adult Behavior Modification School
2. OKC Community Counseling and Guidance Center
3. Intermediate Care Center
4. Special Services
5. Community Action Program
6. Alcoholics Anonymous
7. Other Community Agencies

B. Assignment to Treatment

1. Referral to ASAP by the Court

Oklahoma City Municipal Court of Record heard cases involving driving under the influence (DUI), actual physical control of a motor vehicle while under the influence, (APC), driving while impaired (DWI), and reckless driving (RD). Defendants charged with any one of these offenses were eligible for PSI if they either pled guilty or were convicted. An individual was referred as a result of a request by the individual, a request by the defense attorney, and/or a decision by the municipal judge that the individual would be helped by the program. The judge weighed either the request or his opinion of the convicted person and based on his decision the client was either referred or not referred to the probation staff for PSI.

2. Referral to Treatment by ASAP

The probation office staff diagnosed individuals' severity of drinking problem and based upon both objective data and subjective impressions, classified the individual and recommended a treatment

Oklahoma City, Oklahoma (Continued)

program. After the initial classification was made by the interviewer, the classification was reviewed by the director of the ASAP probation unit. He would either concur or change the initial recommendation based on subjective judgment criteria. Changes were usually based on space availability in a countermeasure. The probation staff's recommendation was then reviewed by the judge prior to incorporating it into the deferred sentence. The majority of referrals were to multiple modality combinations.

C. Diagnostic Procedures

Data used in diagnosis was obtained from the Intake Interview which was used by the probation office to compile a family and employment history. All persons given PSIs had their family and employment history checked. Additional information included:

- Driver's Record Check
- Arrest Report
- Criminal Record Check
- Social Agency Check
- Mortimer-Filkins (used only in 1973)
- ALCADD Test (used only in 1974)
- Life Activities Inventory (LAI) (as of 1975)
- Psychological Examination (rarely used)

The interviewer subjectively classed clients into:

1. Problem Drinker
2. Non-Problem Drinker
3. Unidentified

D. Probation Mechanisms

The judge had three sentencing options, each involving probation:

1. Deferred Sentence - plea accepted by the judge but no verdict is entered until a 6-12 month probation

Oklahoma City, Oklahoma (continued)

period had transpired. Driving privileges were retained throughout.

2. Suspended Sentence - The client was put on probation for 6-12 months and his license was revoked.
3. Continued Case - The offender was convicted, placed on 6-12 months probation with license revocation and final sentencing postponed for the period of probation.

Non-reporting probation was assigned in the majority of cases. Progress through rehabilitation was monitored by the probation office. Successful completion of treatment could result in suspended sentence.

II. Individual Modalities

A. Adult Behavior Modification School

1. Number of Sessions: 4
2. Days Between Sessions: 3
3. Length of Sessions: 120 (minutes)
4. Session Size: 30
5. Number of Instructors: 2
6. Training of Instructors: Ph.D. in psychology
7. Cost: ASAP financed, no cost to the client.
8. Type of Client: This modality was designed for Problem Drinkers but is assigned in combination with other modalities for all drinker types.
9. Primary Objective:
 - a. To utilize instructional materials and techniques concerning the effects of alcohol on driving skills in an effort to reduce the incidence of alcohol related (A/R) arrests and accidents

Oklahoma City, Oklahoma (continued)

- b. To reduce the frequency of alcohol-related traffic offenses by motivating Problem Drinker drivers to modify their behavior
 - c. To provide a learning environment which will facilitate the learning experience necessary for persons to make knowledgeable decisions concerning drinking and driving.
10. Strategies: The orientation is primarily didactic and educational with some time devoted to group discussion.

Key topics include identification of the problem of alcohol and driving, the consequences of driving under the influence of alcohol, physiological effects of alcohol, alcohol and driving, effects of alcohol on driving skills and prevention of drinking driving.

B. Oklahoma City Community Counseling and Guidance Center (OCC&GC)

- 1. Number of Sessions: open ended
- 2. Days Between Sessions: 7
- 3. Length of Sessions: 90 (minutes)
- 4. Session Size: 7
- 5. Number of Instructors: 2
- 6. Training of Instructors: M.A. in human relations
- 7. Cost: This is a United Appeal, nonprofit agency which charges a sliding scale fee to the client.
- 8. Type of Client: Problem Drinker
- 9. Primary Objective:
 - a. To decrease the recidivism rates of individuals convicted of DUI

Oklahoma City, Oklahoma (continued)

- b. Refer defendants to community treatment agencies
 - c. Offer an alternative to traditional penalties.
10. Strategies: Transactional analysis and psychodynamic therapy. This modality is most often assigned in combination with Adult Behavior Modification School.
- C. Intermediate Care Center, State Department of Mental Health
1. Number of Sessions: 25
 2. Days Between Sessions: 7
 3. Length of Sessions: 120 (minutes)
 4. Session Size: 10
 5. Number of Instructors: 2 per session, 24 total
 6. Training of Instructors: 12 social workers: 3 M.S.W., 9 B.A.; 10 psychiatrists and psychologists; 2 nurses: 1 psychiatric, 1 R.N.
 7. Cost: This modality is operated by the State Department of Mental Health and is supported by NIAAA.
 8. Type of Client: primarily Problem Drinkers
 9. Primary Objective: same as OCC&GC
 10. Strategies: Didactic presentations coupled with reality therapy.
- D. Special Services
1. Number of Sessions: 27
 2. Days Between Sessions: 7
 3. Length of Sessions: 60 (minutes)

Oklahoma City, Oklahoma (continued)

4. Session Size: 11
5. Number of Instructors: 2 per session
6. Training of Instructors: Over 120 professionals donate time to the service. These include psychologists, psychiatrists, social workers, ministers and medical personnel as well as other skilled individuals.
7. Cost: ASAP sponsored. Instructors/therapists donate time. No cost to the student.
8. Type of Client: primarily Problem and Chronic Drinkers
9. Primary Objective: Provide individual, family or group counseling and assist ASAP probation by conducting probation intake interviews.
10. Strategies: Group therapy is the primary treatment utilized.

E. Community Action Program

1. Number of Sessions: 34 (average)
2. Days Between Sessions: 5
3. Length of Sessions: 60 (minutes)
4. Session Size: 11
5. Number of Instructors: 2
6. Training of Instructors: psychiatrists
7. Cost: 80% of the cost is borne by DHEW since July, 1972. The remainder comes from local sources.
8. Type of Client: Problem Drinker
9. Primary Objective: same as OCC&GC
10. Strategies: Transactional analysis, Gestalt and Rogerian Therapies.

Oklahoma City, Oklahoma (continued)

F. Alcoholics Anonymous

AA is a fellowship operated by the members themselves with no outside assistance. All AA clubs in the greater Oklahoma City area cooperate with ASAP. The average number of hours involvement per month is reported to be eight to ten. Many defendants attend more than once a week for two hours. A few attend as often as five nights a week by belonging to more than one group.

G. Other Community Agencies

1. The Tinker Social Action Program provides group and family therapy to military personnel, dependants and civilian employees at Tinker Air Force Base. Counselors are skilled in alcohol rehabilitation. Base facilities are utilized for medical and psychological diagnosis of military personnel and dependants.
2. Central State Griffin Memorial Hospital operates utilizing NIAAA funds. Admission to treatment must be at the request of the individual. Treatment is conducted by psychiatrists, psychologists and physicians on an inpatient basis.
3. Mercy Hospital Alcoholism Unit is directed toward people in the early stages of alcoholism. Several types of treatment are available: inpatient, outpatient, individual, family or group counseling, medical and psychological diagnosis and therapy. Initial cost is \$25.00 to client with the remainder charged on an ability to pay sliding scale.
4. Oklahoma City Council on Alcoholism was an operational agency prior to the inception of ASAP. It was utilized primarily by business and industry willing to pay for employees.
5. Driver Improvement Program has been an on-going program prior to the ASAP and primarily

Oklahoma City, Oklahoma (continued)

receives court referrals in cases which have been reduced to reckless driving as a deterrent for future offenses.

6. Southwest Council on Alcoholism holds group or family discussion sessions aimed at the individual arriving at the root of or reason behind his drinking problem. This is designed to enable a person to control individual behavior patterns through self understanding.

San Antonio, Texas

I. General Description

A. Modalities

1. Alcohol Instruction and Driver Education (AIDE)
2. Alcohol treatment Program (ATP)
3. Diagnosis and Level II Rehabilitation

B. Assignment to Treatment

1. Referral to ASAP by the Court

One of the countermeasures included in the San Antonio project was the Prosecutors countermeasure. The objective of this sub-system is to improve, through the addition of Assistant District Attorneys, the quality and timeliness of preparation and prosecution of DWI cases. Three Assistant District Attorneys served as prosecutors in each of the three county courts-at-law that handle DWI cases in Bexar County. One Assistant District Attorney acts as a supervisor. These four District Attorneys were required to handle all DWI cases filed in the District Attorney's office. Since mid-1973, if an arestee has a BAC of .14 or less and not more than one prior alcohol-related offense, he was given the option of attending AIDE as a pre-condition for reduction of DWI charge to public intoxication. This is called Alco-Learn.

ASAP funds a DWI court coordinator who assists the prosecutors, probation office and PSI office and provides the court with additional services to ensure timely adjudication of DWI cases.

There are four possible outcomes which may result from plea bargaining and subsequent treatment.

San Antonio, Texas (continued)

- a. Guilty of DWI (final) probation denied; drivers license could be suspended and/or fine and/or jail sentence imposed. No referral to rehabilitation.
- b. Guilty of DWI (continued), probation approved. Referral may or may not be made to diagnosis and/or rehabilitation. If rehabilitation is completed the charge is dismissed.
- c. Charge reduced - usually to Drunk in a Public Place. Individual is fined unless rehabilitation is a pre-condition to reduction. Person is not referred.
- d. Charge dismissed: No referral is made.

2. Referral to Treatment by ASAP

Only those persons found guilty of DWI and granted a continuance are placed on probation and referred to ASAP. Not all of these persons are referred to diagnosis. Alco-Learn clients enter rehabilitation but by-pass diagnosis. Pre-sentence investigation when requested is performed by ASAP-funded personnel. Referral recommendations based on PSI are essentially automatic. Persons classified as social drinkers are referred to AIDE. Those found to be problem drinkers are referred to ATP. Persons believed to be problem-developing drinkers are referred to Diagnosis and Level II Group Therapy.

C. Diagnostic Procedures

Classification is based upon the results of the analysis of individuals by the ASAP staff psychometrist. Included in the PSI are: BAC at time of arrest, prior alcohol-related arrests, and Mortimer-Filkins Interview and Questionnaire. A portion of individuals were referred to in-depth psycho-social examination at the University of Texas Medical School at San Antonio.

Since the in-depth interview validated the staff psychometrist classification, the emphasis of this procedure was shifted July 1, 1973 to developing in-depth determinations of meaningful

San Antonio, Texas (continued)

rehabilitation programs for problem drinkers.

During 1973 the Michigan Alcoholism Screening Test (MAST) was adopted for use during peak periods of activity.

Reportedly NHTSA criteria are used to define problem and non-problem drinker types. However, the decision is subjective.

D. Probation Mechanisms

Assignment to rehabilitation was a condition of Probation. Monthly reports took the form of telephone calls, letters or home visits. Persons report back to the court following completion of rehabilitation activity.

II. Individual Modalities

A. Alcohol Instruction and Driver Education (AIDE)

1. Number of Sessions: 4
2. Days Between Sessions: 7
3. Length of Sessions: 150 minutes
4. Session Size: 40
5. Number of Instructors: 2
6. Training of Instructors: All instructors are bilingual. Instructors were sent to a seminar-workshop sponsored by ASAP to acquaint them with A/R driving problems.
7. Cost: Funded by ASAP but client is charged \$12.00. Subcontracted to the greater San Antonio Safety Council.
8. Type of Client: Primarily designed for non-problem drinker.
9. Primary Objective: To minimize occurrence of alcoholic-related driving events through group education of court referred drinking drivers.

San Antonio (continued)

10. **Strategies:** The class orientation was didactic with the presentation of alcohol education material, then group discussions were conducted to evaluate the socio-emotional situations presented by film and tape.

Key topics include: Seriousness of drinking - driving problem, effects of alcohol on the body and driving skills, ways to recognize an alcohol problem, where to find help, the consequences of continued drinking-driving.

B. Alcohol Treatment Program

The ATP is an NIAAA supported facility, operated under the management of the Bexar County Mental Health and Mental Retardation Center. Three treatment modalities are used in various combinations: group therapy, individual therapy and chemotherapy. The number of sessions ranges from three to twenty-five and each meeting takes place twice a week. There are usually six to eight clients per group therapy session. The basic objective of ATP is to instill in the alcoholic and problem drinker the awareness that everyone has a need of a reason to control his drinking. ATP utilizes an eight week trial period. If progress is shown, treatment is continued in eight week modules. During the third quarter of 1974, Power Motivation Training was transferred from Level II to the ATP.

1. Number of Sessions: 16
2. Days Between Sessions: 3
3. Length of Sessions: 150 minutes
4. Session Size: 8
5. Number of Instructors: 2
6. Training of Instructors: Alcohol counselors
7. Cost: NIAAA supported modality operated by Bexar County Mental Health and Mental Retardation Center.

San Antonio, Texas (continued)

8. Type of Client: Alcoholic and problem drinker
9. Primary Objective: To reduce the recidivism rate of court referred problem drinker drivers through the use of coordinated rehabilitation facilities
10. Strategies: Initial contact is individual counseling to determine a treatment combination of group therapy, chemotherapy and individual therapy.

C. Diagnosis and Level II

Group Therapy

1. Number of Sessions: 12
2. Days Between Sessions: 7
3. Length of Sessions: 150 minutes
4. Session Size: 18
5. Number of Instructors: 1
6. Training of Instructors: PhD clinical psychologist
7. Cost: An ASAP supported modality sub-contracted to University of Texas Medical School of San Antonio.
8. Type of Client: Designed for problem-developing drinkers for whom the psycho-social evaluation indicated a need for such therapy.
9. Primary Objective: Reduce the DWI recidivism rate of drivers who were developing a drinking problem, and to prevent the regression of problem-developing drinkers into problem-drinkers.
10. Strategies: Sessions are intended to be rehabilitative rather than therapeutic. The program aims at the prevention of regression of problem-developing drinkers

San Antonio, Texas (continued)

Note: As of June 1973, the diagnostic phase of this countermeasure consisted of an in-depth psycho-social evaluation designed to determine appropriate rehabilitation action. The evaluation typically consisted of a general psychiatric examination; further specific psychiatric testing as needed; consultation; drinker classification; and recommendation of educational rehabilitation and/or therapeutic procedures.

Another phase of this modality was the activity of the social worker who visited homes of some of the clients to help families deal with the drinker's problem.

One PMT (Power Motivation Training) group, of two weekend sessions, was conducted with an enrollment of twelve clients in 1974. However, PMT was transferred to the ATP during the third quarter of 1974.

Region VII

Kansas City, Missouri

I. General Description

A. Modalities

1. School for Alcohol Safety - Small Group
2. School for Alcohol Safety - Large Group
3. Individual Counseling
4. Antabuse
5. Community Alcohol Programs

B. Assignment to Treatment

1. Referral to ASAP by the Court

The Municipal Court of Kansas City (7 judges handling 5 traffic divisions) handled cases involving the municipal charge of Driving Under the Influence of Intoxicating Liquors (DUI). The defendant was also charged with the related offense which lead to detainment and arrest (e.g., speeding). Conviction on DUI and related charge results in accrual of six and two points respectively against the defendant's drivers license. DUI, the related state charge, is tried in Circuit Court and involves a 12 point charge requiring automatic license suspension. Through plea bargaining as well as a large number of municipal arrests, the vast majority of cases are tried for DUI. ASAP has funded two full time prosecutors to handle DUI cases.

2. Referral to Treatment by ASAP

The probation office receives an "Alert Sheet" generated by the police department computer. Names are checked with known prior offenders. Three to four days prior to trial, the computer generates a Pre-Trial Screening Report. This contains a drinker classification and treatment recommendation. PTSR was operational through 1973. Judges were not bound by PTSR but can demand more information.

Kansas City, Missouri (continued)

Since 1973, a random referral procedure was attempted to provide a randomly selected control group. Rehabilitation, however, is aimed at Problem Drinker Drivers. PDD were referred to driving school - small group - as well as any, all or none of the other modalities. SDD were referred to driving school only or control. UI were reclassified after further evaluation.

C. Diagnostic Procedures

Persons were ultimately classified either Problem Drinker Driver (PDD), or Social Drinker Driver (SDD). Mortimer-Filkins questionnaire is most often used to reclassify UI. Information collected includes a driving/criminal record check, BAC, treatment history, Mortimer-Filkins (where required). This information is evaluated and the police computer generates the Pre-Trial Screening Report which includes diagnosis, and referral recommendations. NHTSA criteria were used exclusively for defining drinker classifications.

D. Probation Mechanisms

Persons referred to treatment were usually placed on one year reporting probation. Following completion of treatment, the client was required to report quarterly for one year or until the end of the probation period.

II. Individual Modalities

A. School for Alcohol Safety - Small Group (SASS)

1. Number of Sessions: 5
2. Days Between Sessions: 1
3. Length of Sessions: 150 (minutes)
4. Session Size: 8
5. Number of Instructors: 1

Kansas City, Missouri (continued)

6. Training of Instructors: Ph.D. candidates, attended National Safety Council training program
7. Cost: Sliding scale client fee. \$20.40 per individual overall. Under subcontract to Kansas City Area Safety Council.
8. Type of Client: Problem Drinker Driver
9. Primary Objective: Emphasis is placed on altering old values and relearning the importance of self as related to others in an environment of interaction.
10. Strategies: First two sessions are primarily didactic. The other three sessions are more informal and utilize some group therapy techniques.

Key topics include: Alcohol as a drug, laws concerning drinking and driving, BAC and effects on skills.

- B. School for Alcohol Safety - Large Group (SASL)
 1. Number of Sessions: 5
 2. Days Between Sessions: 1
 3. Length of Sessions: 150 (minutes)
 4. Session Size: 30
 5. Number of Instructors: 1 per session, 3 total
 6. Training of Instructors: All have M.A. in social science area
 7. Cost: Clients are charged \$18. This is an ASAP supported modality subcontracted to the Greater Kansas City Area Safety Council
 8. Type of Client: Social Drinker Driver
 9. Primary Objective: To educate SDD so that drinking/driving habits will be voluntarily modified.

Kansas City, Missouri (continued)

10. Strategies: Educational, mostly didactic

Key topics include: Accidents and their causes, effects of alcohol on driving skill, problem drinking, avoidance behavior

C. Individual Counseling (Discontinued late spring 1974 due to high cost and low effectiveness.)

1. Number of Sessions: 35 average (2 per month for duration of probation)

2. Days Between Sessions: 15

3. Length of Sessions: 120 (minutes)

4. Session Size: 1

5. Number of Instructors: 1 per session

6. Training of Instructors: Probation officers, B.A. in social science area

7. Cost: This was an ASAP supported modality sub-contracted with the Probation Office of Kansas City Community Services Department. This modality was discontinued late spring 1974.

8. Type of Client: Problem Drinker Driver

9. Primary Objective: Resolving basic difficulties which contributed to drinking driving habits

10. Strategies: One to one counseling for duration of probation

D. Antabuse

1. Number of Sessions: 156, average (duration of probation)

2. Days Between Sessions: 3

3. Length of Sessions: 4 hours

4. Session Size: 1

5. Number of Instructors: 1

Kansas City, Missouri (continued)

6. Training of Instructors: Registered Nurse under N.D. supervision
7. Cost: Fully supported by ASAP, subcontract to the Kansas City Health Department
8. Type of Client: Problem Drinker Drivers deemed physically able to participate
9. Primary Objective: To "dry up" the true alcoholic in preparation for referral to rehabilitation therapy
10. Strategies: Referrals receive a physical and sometimes psychological exam at the Kansas City College of Osteopathy. If cleared, the client receives the drug from a nurse at one of three sites in and around Kansas City.

E. Community Alcohol Programs

1. Number of Sessions: 27 (average)
2. Days Between Sessions: 7
3. Length of Sessions: 165 minutes (average)
4. Session Size: 8
5. Number of Instructors: 2 per session, 14 total
6. Training of Instructors: 1 consulting psychiatrist, 8 psychiatric social workers, 5 alcohol counselors
7. Cost: This is an NIAAA supported modality. Not operational until November of 1972.
8. Type of Client: Problem Drinker and Alcoholic
9. Primary Objective: From: Hostility (denial)-RE: Clients drinking problem To: Acceptance (recognition) Then: Rehabilitation (willing assistance) Finally: Recovery (self independence)
10. Strategies: General Gestalt approach frequently coupled with Antabuse. Acts as an initial entry to rehabilitation

Lincoln, Nebraska

I. General Description

A. Modalities

1. Re-education Program
2. Group Counseling
3. Individual Counseling
4. Disulfiram Therapy
5. Alcoholics Anonymous
6. Inpatient

B. Assignment to Treatment

1. Referral to ASAP by the Court

The Municipal Court judge, the defendant or his attorney may request a presentence investigation (PSI). This investigation is normally conducted by the probation office. Following the initial interview and prior to completion of the PSI, a defendant may or may not go to the ASAP-funded Intake and Referral Center (IRC) for additional diagnosis. The actual portion of clients referred to IRC prior to sentencing is not clear. The court reviews the PSI, which may or may not include IRC diagnostic results, and determines whether the defendant should be offered probation. In the event the court does offer probation, referral recommendations are part of the probation conditions. If probation is not offered or refused, the client does not continue in the ASAP system.

2. Referral to Treatment by ASAP

The IRC makes recommendations relative to sentence, probation, driving restrictions and treatment referrals. If the recommendations are made as conditions of probation, ASAP-funded IRC makes arrangements with the

Lincoln, Nebraska (continued)

appropriate agencies. Referral is made to one or more agencies through negotiation between the client and counselor. Direct court referrals to modalities are not made, rather IRC handles those clients assigned to treatment.

C. Diagnostic Procedures

The presentence investigation (PSI) is conducted, following adjudication, at the request of a DWI offender, his attorney or the presiding judge. Judges cannot deny a request for PSI by a defendant or his attorney. PSI's are normally conducted by investigators employed by the probation department of the Municipal Court. PSI's include:

1. Mortimer-Filkins interview
2. Western Personality Inventory
3. Records check (criminal and driving)
4. Detailed history of the defendant (family history, education, employment history)
5. Possible re-interview for classification.

Clients are classified either Problem or Non-Problem Drinker on the basis of this information and according to NHTSA criteria.

PSI findings and recommendations are included in the report to the court. Based on this information, the judge may offer probation and rehabilitation to the client.

D. Probation Mechanisms

Probation, when offered, is 12-24 months. Rehabilitation is included as a condition of probation. Clients are required to submit written monthly reports for the entirety of the probationary period.

Lincoln, Nebraska (continued)

II. Individual Modalities

A. Re-education Program

This program actually consists of four court classes: DWI class, Youthful Offenders class, High Risk Potential class, and A.A. Orientation class. All drinker drivers are assigned to DWI class.

1. Number of Sessions: 4
2. Days Between Sessions: 7
3. Length of Sessions: 120 (minutes)
4. Session Size: 36
5. Number of Instructors: 2
6. Training of Instructors: not specified
7. Cost: ASAP sponsored, no cost to student.
8. Type of Client: All persons convicted of DWI are assigned to DWI class.
9. Primary Objective:
 - a. Provide knowledge of impairment and what it means, especially with reference to driving
 - b. Suggest some of the wider social implications of drinking, e.g. family, employment
 - c. Discuss ways of avoiding drinking and obtaining help from others
 - d. Introduce a person to the probation service.
10. Strategies: Pre-test to establish knowledge level, guest lecturer--national and local DWI problem, discussion--.10% BAC and operator impairment, films, post-test (70% to pass).

Lincoln, Nebraska (continued)

a. Discussion Points Session I

- (1) .10% law in Nebraska
- (2) Number of alcohol-related vs. non-alcohol-related accidents
- (3) Statistics: Number of licensed drivers, Social Drinkers, abstainers, heavy drinkers, Problem Drinkers
- (4) BAC and levels of impairment. Chances of being involved in accident.
- (5) Drinking and letting someone else drive.

b. Session II Discussion Points

- (1) Accidents and drinking drivers
- (2) Sense - where one first becomes aware of danger
- (3) Decision - what course of action should be taken
- (4) Action - follow through of decision
- (5) Only the person involved can solve the problem
- (6) Effect of alcohol on braking ability
- (7) Alcohol and blood alcohol level
- (8) Oxidation
- (9) Judgment, action and vision and how these are affected by alcohol
- (10) Behavior patterns of sober vs. drunk
- (11) Marital status and problems
- (12) Income

Lincoln, Nebraska (continued)

- (13) Arrests
- (14) Family situation
- (15) Blackouts
- (16) Loss of job
- (17) Reasons for drinking
- (18) Steps to avoid drinking and driving
- (19) Assistance

c. Session III Discussion Points

Problem Drinker Driver Diagnosis Criteria

- one of these {
- (1) Medical diagnosis
 - (2) Self-admission
 - (3) Previous treatment for alcohol problem

or

- two of these {
- (4) BAC of .15% or greater
 - (5) Marital problems
 - (6) Job problem
 - (7) Contact with social agency regarding alcohol problem
 - (8) Previous alcohol-related arrest
 - (9) Interview/testing results

d. Session IV Discussion Points

- (1) Five tape interviews with DWI's
- (2) Levels of danger

NOTE: The three other classes are similar to the above with the following exceptions:

Lincoln, Nebraska (continued)

Youthful Offenders Class - For persons 16-22 years of age. Six sessions. Some transactional analysis.

High Risk Potential Class - Eight sessions. Course designed for probationers who show early signs of problem drinking. Spouses are included in class.

A.A. Orientation Class - Designed for alcoholics, this class explains the 12 steps of Alcoholics Anonymous and helps beginners work through the first four steps of A.A.

B. Group Counseling

1. Number of Sessions: 9
2. Days Between Sessions: 7
3. Length of Sessions: 2 hours
4. Session Size: 10
5. Number of Instructors: 2
6. Training of Instructors: Staff members attend a professional and paraprofessional training course developed by IRC.
7. Cost: No cost to client, ASAP sponsored program.
8. Type of Client: The majority of IRC clients attend group counseling. 64% were Problem Drinkers.
9. Primary Objective: Intended to help referrals find direction for their respective rehabilitation. Also to provide the individual with opportunities to accept himself as a human being and assume the responsibility for his own actions.
10. Strategies: Group dynamics, discussion, therapy oriented.

Lincoln, Nebraska (continued)

C. Individual Counseling

1. Number of Sessions: 5
2. Days Between Sessions: 7
3. Length of Sessions: 1 hour
4. Session Size: 1
5. Number of Instructors: 1
6. Training of Instructors: not specified
7. Cost: No cost to clients. This is an ASAP sponsored modality.
8. Type of Client: IRC clients who indicate the need for one-to-one counseling. Some clients who need convincing of the applicability of treatment.
9. Primary Objective: Convince client of the necessity of the planned treatment program.
Counseling of clients who happen to become lapse in following the terms of probation.
10. Strategies: One-to-one sessions with interview counselor.

D. Disulfiram Therapy

1. Number of Sessions: 104 (7 months average duration)
2. Days Between Sessions: 2
3. Length of Sessions: 5 (minutes)
4. Session Size: 1
5. Number of Instructors: 1
6. Training of Instructors: Disulfiram technician

Lincoln, Nebraska (continued)

7. Cost: Client pays only for physical examination from private physician and prescription. ASAP pays technician.
8. Type of Client: Alcoholics who require or request chemical constraint from drinking alcohol.
9. Primary Objective: "Voluntary" program to help those dependant upon alcohol to constrain their drinking by means of chemical aide.
10. Strategies: All disulfiram clients are referred to a private physician for a physical examination. If the client has no personal physician, IRC counselor recommends one. The exam determines whether the client can safely take the medication. The physician then writes the prescription for the client, who in turn takes the prescription to the IRC where he personally takes his medication under supervision of the Disulfiram Technician of IRC. Most clients have performed this routine prior to court sentencing. If probation is granted, this therapy is continued under court order. If probation is denied, therapy may or may not continue. May or may not be a condition of probation. If it is, it is part of court ordered probation procedure. Usually assigned in combination with other therapies.

E. Alcoholics Anonymous

Specific data is not available on this modality.

A majority of the clients of the Intake and Referral Center diagnosed as Problem Drinkers and/or alcoholics are referred to Alcoholics Anonymous as part of their rehabilitation program.

F. Inpatient Therapy

1. Number of Sessions: Continues for duration of treatment (30 days average).
2. Days Between Sessions: N/A

Lincoln, Nebraska (continued)

3. Length of Sessions: N/A
4. Session Size: individualized therapy
5. Number of Instructors: variable with institution.
6. Training of Instructors: medical personnel
7. Cost: To client--\$34/day average
8. Type of Client: Severe Problem Drinker/
Alcoholic
9. Primary Objective: not specified
10. Strategies: When IRC diagnosis indicates inpatient treatment is necessary, the client is presented with a number of alternatives for inpatient treatment (V.A. Hospital, Lincoln General Hospital are the two local centers). Depending on the merits, financial aspects, distance and family involvement, an appropriate center is chosen. This is not a court assigned therapy.

Region VIII

Utah

I. General Description

A. Modalities

1. ASAP School
2. Vocational Rehabilitation
3. University of Utah Clinic
4. Recovery Center
5. Veterans Hospital
6. Alcoholics Anonymous

B. Assignment to Treatment

1. Referral to ASAP by the Court

Arraignment in Utah usually occurred on the day following an arrest. Persons convicted of DWI were either sentenced directly to rehabilitation or their cases were continued to allow for a presentence investigation (PSI). The majority of cases were referred to the probation office for PSI. Drinker classifications were returned to the court which was not bound by PSI results. However, in most instances (95% in 1973), the PSI recommendations were accepted. Persons referred to rehabilitation were placed on 6-12 months probation in addition to or in lieu of traditional penalties.

As of January, 1974, first offenders processed by the Northern District Court were required to pay \$200-\$250, placed on 12 months probation and assigned to Alcohol Safety School. Successful completion of rehabilitation resulted in a reduction of the DWI charge. Further, the characteristic license revocation was not imposed.

When PSI failed to diagnose an individual, he/she was referred to a community agency (e.g., University of Utah Clinic) for diagnosis.

Utah (continued)

This diagnostic referral was an ASAP sponsored activity.

2. Referral to Treatment by ASAP.

ASAP school was recommended for all DWI offenders except the illiterate and non-English speaking clients. Problem Drinkers were referred to additional treatment.

Factors affecting the referrals of Problem Drinkers to non-school modalities included:

- a. Willingness of client to accept referral
- b. Hostility to treatment
- c. Prior treatment success
- d. Denial of problem

C. Diagnostic Procedures

If a PSI was requested, the client reported to the probation office where the PSI was conducted by a probation officer. PSI included:

Alcohol-related traffic offenses
Driving record
Arrest record
Mortimer-Filkins Questionnaire
Client interview

Clients were diagnosed using NHTSA criteria. Unidentified classification was not truly employed since persons not diagnosed by PSI were placed on diagnostic referral to a community agency.

D. Probation Mechanisms

A 6-12 month probation period was standard for persons referred to rehabilitation. Treatment was a condition of probation. Probationers filed written monthly reports with the probation office. Successful completion of the terms of probation resulted in a review of the case and recommendations to the court regarding release of

Utah (continued)

the individual. Failure to comply resulted in mandatory reattendance or in the extreme cases, further judicial action.

II. Individual Modalities

A. ASAP School

1. Number of Sessions: 6
2. Days Between Sessions: Salt Lake - 7
Ogden - 30
3. Length of Sessions: 90 - 120 (minutes)
4. Session Size: 11
5. Number of Instructors: 1
6. Training of Instructors: Adult Probation and Parole officers. Generally have degrees in social science
7. Cost: ASAP funded modality
8. Type of Client: Designed for all persons referred to parole board with the exception of illiterate or non-English speaking
9. Primary Objective: Give accurate information on drinking and driving and alcohol abuse. To encourage those who may drink and drive to take full responsibility for making decisions to avoid driving after too much drinking.
10. Strategies: Lectures
 - a. Lecture topics:
 - (1) Identify drinking pattern
 - (2) Introduce laws of Utah governing alcohol
 - (3) Physiological and social aspects of alcohol
 - (4) Decision making process and how to drink successfully

Utah (continued)

(5) Five techniques of defensive driving

(C) Personal involvement and commitment

B. Vocational Rehabilitation

1. Number of Sessions: 6
2. Days Between Sessions: 7
3. Length of Sessions: 120 (minutes)
4. Session Size: 4 (average)
5. Number of Instructors: 1
6. Training of Instructors: Counselors are college graduates with degrees in social sciences - usually sociology
7. Cost: Funded by an unspecified government agency
8. Type of Client: Designed for the disabled, unemployed and financially insecure
9. Primary Objective: Assist persons in overcoming disabilities in order to become employed or retain employment
10. Strategies: Group sessions designed to facilitate communication and interaction while not focusing directly on alcoholism. Does not require abstinence

C. University of Utah Clinic

1. Number of Sessions: Variable
2. Days Between Sessions: Not specified
3. Length of Sessions: Not specified
4. Session Size: 1 (individual)
5. Number of Instructors: Not specified

Utah (continued)

6. Training of Instructors: Staff includes professional psychologists, social workers, nurses, and graduate students
7. Cost: Funding received from a government agency
8. Type of Client: Alcoholic
9. Primary Objective: To offer professional services to the alcoholic and his family
10. Strategies: Functions of the clinic include: Community education programs; lecture series for alcoholics and families; multi-disciplinary evaluators; group, individual, family and marriage counseling; referrals to inpatient or vocational rehabilitation.

This is a long term treatment program involving diagnostic functions, a lecture series and group, individual and family counseling. Serves as a diagnostic referral resource. Referrals to inpatient treatment were sometimes made. Duration of treatment in this modality ranged from six months to three years.

D. Recovery Center

No information was available from this site regarding the characteristics of the other modalities.

Region IX

Phoenix, Arizona

I. General Description

A. Modalities

1. DWI School
 - a. Group A
 - b. Group B
 - c. Group C
2. DWI Prevention Workshop
3. Diagnostic Review Board Referrals
4. KEY Program
5. Crisis Intervention Program and Transportation Assistance
6. DWI Volunteer Probation Program

B. Assignment to Treatment

1. Referral to ASAP by the Court

All persons cited for DWI underwent a presentence investigation. This records check information was made available to judicial, rehabilitation and evaluation personnel within five days of arrest. Offenders booked into city jail were arraigned within 24 hours by a police court. Those defendants released were required to report for continuous arraignment in city court no sooner than 3 nor later than 24 days following arrest. As of October, 1973, persons were required to report to court within 10 days of arrest.

As of April, 1973, not guilty pleas resulted in a pretrial disposition conference (PDC). This was a formal plea bargaining session.

Phoenix, Arizona (continued)

If an agreement was reached, the client was referred to ASAP. However, ASAP was not part of the plea bargain. Sentence continuance was usually 70 to 80 days.

During the third and fourth quarters of 1974, an increasing number of persons entered the rehabilitation sub-system by means of Prosecution Alternative to Court Trial (PACT). If the defendant pled not guilty at arraignment, he/she was scheduled for a PACT Orientation Sessions ten days later. Prior to PACT orientation, a PACT attorney reviewed the client's file. A legal document was composed offering a reduced charge to which the client pled guilty and the penalty was invoked. This document also included a rehabilitation assignment.

Acceptance of the PACT document resulted in a 60 day continuance of the case. Persons not accepting were scheduled for trial through traditional channels.

2. Referral to Treatment by ASAP

Prior to the initiation of PACT the court located, ASAP funded DWI School clerk enrolled all persons referred to ASAP into Data Collection I (DCI). Demographics and diagnostic data were obtained and two pre-tests were administered. Individuals were randomly assigned to one of four DWI School groups. Upon evaluation of DCI data, DWI School counselors selected emerging Problem Drinkers and the Diagnostic Review Board selected high risk Problem Drinkers for interview. Data Collection II (DCII) was administered by the DRB 45 days after DCI and included a post-treatment assessment of opinions and knowledge. Following DCII, the participant appeared in court at which time he was either sentenced, granted an additional 60 day continuance for further treatment, or a six month continuance if participation in the DWI Volunteer Probation Program is requested.

Assignment to treatment by means of PACT was made by the PACT orientation office following acceptance of the PACT document.

Phoenix, Arizona (continued)

C. Diagnostic Procedures

Drinker diagnosis was a two step process.

1. Stage I: Data Collection I

- a. Background investigation
- b. Prior DWI check
- c. Some form of psychological test
 - (1) Knowledge and attitude scale
 - (2) Adapted MAST
 - (3) Behavioral description scale

Resulted in:

- a. Problem Drinker
 - b. Emerging Problem Drinker
 - c. Social Drinker
- #### 2. Stage II: Alcoholism Assessment Interview (AAI)

This interview was conducted by the Diagnostic Review Board (DRB) only for Problem Drinkers. A semi-structured interview was used to assess problem drinking in all aspects of the client's life. On the basis of this interview, clients were referred to an appropriate rehabilitation program or excused from treatment.

D. Probation Mechanisms

Probation was not used at this project. After completion of rehabilitation, clients were returned to court for sentencing. The judge had an attendance record for each person. Generally, more than one unexcused absenteeism resulted in a restart of treatment.

Phoenix, Arizona (continued)

DWI School counselors selected eight to twelve participants from each Group A class and met with them for group counseling during half of each class session.

Prior to January, 1974, persons were referred to DWI Volunteer Probation Program following DWI School attendance. This usually involved multiple sentence continuances. Beginning January, 1974, clients were referred directly to the program as a condition of formal probation with the weekly sessions serving a reporting probation function.

II. Individual Modalities

A. DWI School

DWI School was operated in four groups, each with different operating characteristics.

DWI School Group A (60% of referrals)

1. Number of Sessions: 4
2. Days Between Sessions: 7
3. Length of Sessions: 2½ hours
4. Session Size: 65 (avg.)
5. Number of Instructors: 2: 1 teacher & 1 counselor
6. Training of Instructors: An average of 2 years experience for a total of 7 instructors
7. Cost: Entirely paid by student fee of \$15.00
This modality is substructured with Extension Division of Arizona State University in cooperation with ASAP.
8. Type of Client: The counselors attention is aimed at emerging problem drinkers. The instructors is intended for all DWI offenders.
9. Primary Objective: To prevent DWI repetition. To provide information on the consequences of drinking and driving.

Phoenix, Arizona (continued)

10. Strategies: Somewhat informal instruction methods are used. The classes are educational but, conducted in such a way as to encourage individual analysis of behavior and ways to modify it.

Key topics include: the drinking driver, impairment of skills, problem drinking, alcoholism, available treatment and personal action

- a. DWI School Group B (20%)

This modality is a condensed form of Group A. One group of 85 people meets once for 2-1/2 hours. Less emphasis is placed on films and review. The instruction is more intensive since the same basic material is used in both groups A and B.

- b. DWI School Group C (15%)

Only the literature and take home assignments used in groups A and B are administered. There is no formal meeting.

- c. DWI School Group D (5%)

This is a non-treatment control group.

DWI School and DWI School Counselors were discontinued June 30, 1974. These modalities were succeeded by DWI Prevention Workshop.

B. DWI Prevention Workshop

1. Number of Sessions: 4
2. Days Between Sessions: 3
3. Length of Sessions: 2-1/2 hours
4. Session Size: 15
5. Number of Instructors: 1 per session
7 part-time; 6 full-time
6. Training of Instructors: All Counselors

Phoenix, Arizona (continued)

received 32 hours of intensive in-service training oriented toward group dynamics or program objectives.

7. Cost: Clients were charged. The workshop was the responsibility of diversified Counseling Services.
8. Type of Client: All DWI offenders
9. Primary Objective: To present information in atmosphere of shared experiences in the belief that such a presentation would have a greater impact on the individual.
10. Strategies: Sessions were conducted using a semi-structured group process; give and take discussion, and open-ended questions and answers. Sessions were characterized by a high participant-participant interaction, with only 25-30% of total time given to information giving.

Key topics include: Session I - Hostilities, Session II - Alcohol effects on body and driving, Session III - Psychological and social aspects of alcohol, Session IV - Appropriate alternatives to DWI behavior.

C. Diagnostic Review Board Referrals

The Diagnostic Review Board (DRB) referrals clients to several modalities on the basis of the Alcoholism Assessment Interview. Since the initiation of PACT, the emerging problem drinker was referred to DRB. The following are modalities most frequently recommended by DRB.

1. Blackboard Lecture Series

- a. Number of Sessions: 5
- b. Days Between Sessions: 1
- c. Length of Sessions: 60 (minutes)
- d. Session Size: 14 (average)

Phoenix, Arizona (continued)

- e. Number of Instructors: 1 per session
- f. Training of Instructors: Lectures included alcohol therapists, physicians and psychologists.
- g. Cost: Operated by the Substance Abuse Wing of St. Luke's Hospital Medical Center.
- h. Type of Client: Those referred to DRB-- primarily potential P.D.
- i. Primary Objective: To educate individuals to the problems of recognition, acceptance and treatment of alcoholism.
- j. Strategies: A series of lectures presented information on the effects of alcohol and development of alcoholism, its effects on the family, related psychological factors.

2. Sobriety Group

This modality served as a follow-up to the Blackboard Lecture Series and as an introduction to Alcoholics Anonymous.

Three sessions of one hour were held once a week for three weeks. The group was intended for people whose primary problem was alcohol.

3. CORAZON

This is a halfway house offering both residential and outpatient services to Spanish-speaking clients. Outpatient program includes two group sessions and one AA meeting each week plus additional counseling.

4. Phoenix Indian Center

This modality sponsored an AA group and group therapy for native American clients who did not identify with or benefit

Phoenix, Arizona (continued)

from the predominantly Anglo setting offered by other agencies.

5. Individual Alcoholism Therapy

Clients met with an alcoholism counselor for three sessions of individual therapy. Some clients are then referred to Alcoholics Anonymous.

D. KEY Program

1. Number of Sessions: 8
2. Days Between Sessions: 3
3. Length of Sessions: 90 (minutes)
4. Session Size: approximately 10 per session
5. Number of Instructors: 1
6. Training of Instructors: N/A
7. Cost: Funded through NIAAA staffing grant to St. Luke's Hospital.
8. Type of Client: Multiple DWI offenders.
9. Primary Objective: Provide participants with personal insight and a supportive milieu of experience.
10. Strategies: Group format.

Curriculum included basic information on the pathology and progression of alcoholism, effects of problem drinking on the family, and breaking through denial rationalization and other defense system to find acceptable behavioral alternatives.

E. Crisis Intervention Program and Transportation Assistance

These programs provide emergency alcohol-related information and referral services and emergency

Phoenix, Arizona (continued)

transportation (within the Phoenix city limits) for those persons too intoxicated to drive.

CIP was initiated in 1972 in the city's anti-poverty agency. Until April 30, 1974, ASAP funded both programs. May 1, 1974, the cost was assumed by the city. Services are offered 21 hours a day, 7 days a week.

F. DWI Volunteer Probation Program

1. Number of Sessions: 24
2. Days Between Sessions: 7
3. Length of Sessions: 60 (minutes)
4. Session Size: 1
5. Number of Instructors: 1 per session
6. Training of Instructors: Volunteers are employed. Each volunteer is screened by the program supervisor and participated in six hours of training.
7. Cost: Nearly all personnel are volunteers. No cost information is reported.
8. Type of Client: DWI's
9. Primary Objective: To establish a helping relationship with the person on probation, functioning as a friend, listener, and information and referral source.
10. Strategies: One-to-one weekly meetings. If one-to-one meetings were not possible, the client was assigned to one of the following: eight AA meetings; six AA meetings and one AA discussion group; three discussion groups per month; KEY Program Therapy.

Region V

Seattle, Washington

I. General Description

A. Modalities

1. Problem Drinker Driver/Court Referred Action for Safer Highways (PDD/CRASH)
2. Community Resources
 - a. Hospitals (33 facilities)
 - b. Medical Facilities for Alcoholism Treatment (4 facilities)
 - c. Service and Referral Agencies treating Alcohol and Drug Abuse (30)
 - d. Other Service Agencies Providing Aid to Alcoholics (42)

B. Assignment to Treatment

1. Referral to ASAP by the Court

Seattle/King County ASAP provided D/R/R services for more than twenty separate court jurisdictions. The majority of cases came from King County District Court and Seattle Municipal Courts. A DWI defendant could have his case adjudicated by pleading guilty at arraignment, being found guilty or not guilty at trial or having his case dismissed or reduced to a lesser charge. If a pre-sentence investigation was requested, sentencing was delayed 30 days for the investigation and formulation of rehabilitation recommendations. The court was not bound by referral recommendations and could accept, add, subtract or ignore the recommendation completely. In some courts, and in some cases, a post-sentence investigation was requested. Whichever procedure was used, the decision to refer a client to ASAP was solely a subjective judicial one. Problem drinkers were given a six month sentence, the first month to be spent in treatment and the remainder was probated.

Seattle, Washington (continued)

2. Referral to Treatment by ASAP

ASAP screening procedure results in two general and three specific classifications. Rehabilitation referral recommendations are based on these classifications. Actual referral is at the discretion of the court.

Problem drinkers recommended for rehabilitation were normally referred to long term treatment at one of the community inpatient resources or to PDD/CRASH.

Non-problem drinkers recommended for rehabilitation normally had serious mental and emotional problems associated with non-alcohol drug dependency. As such, these persons were referred to intensive drug abuse treatment programs.

Non-problem drinkers not recommended for rehabilitation typically showed no level of alcohol dependence or impairment. These persons were usually recommended for referral to a short alcohol education modality or to some form of outpatient therapy.

Problem drinkers not recommended for rehabilitation were generally persons unable to meet rehabilitation attendance requirements at certain times, (i.e., fishermen who are at sea for a large portion of the year). These cases were usually deferred until the individual could participate.

Unidentified drinkers were generally not referred due to hostility or lack of sufficient evidence to formulate an appropriate treatment referral.

C. Diagnostic Procedures

Washington ASAP utilized two diagnostic procedures. First, NHTSA criteria were used to define problem, non-problem and unidentified drinker types. This was an objective decision based on NHTSA criteria. However, the second system of drinker classification was significantly more subjective. This system used investigative techniques and evaluation of all available information concerning the client's

Seattle, Washington (continued)

case before a particular alcohol impairment level was assigned. The pre-sentence interview was the primary tool used in the procedure. Aside from identifying alcoholics, problem drinkers and no impairment individuals, the procedure determined whether or not a person should be recommended for rehabilitation. Rehabilitation in this context implied inpatient treatment, outpatient treatment with probationary follow-up and an intensive education program.

These two diagnostic systems were combined to yield the NHTSA recommended drinker classifications grouped under categories of recommended or not recommended for rehabilitation.

D. Probation Mechanisms

The last five months of the six month PDD/CRASH rehabilitation program was a formal probation period. Problem drinkers were the only persons referred. Clients were required to report once a week for two hours during the first three months of probation. The frequency of reporting sessions was reduced to once a month during months four and five.

II. Individual Modalities

A. PDD/CRASH

This modality was a 30 day inpatient and 5 month probation program for problem drinkers. The PDD/CRASH modality was located at the Cedar Hills Alcoholism Treatment Facility, an open door penal facility for men operated by the King County Bureau of Corrections. During their 30 days in-residence, clients were subjected to intensive educational and behavior modification techniques. The five month probationary period involved weekly meetings with probation officer as well as compliance with all conditions of probation, including abstinence from alcohol.

The basic alcohol-oriented curriculum consisted of lectures, readings and discussions.

Key topics included: alcohol and its effect, Alcoholism; what and who, defensive driving and group dynamics.

Seattle, Washington (continued)

The following information regarding the structure and operation of this modality was provided in the project's final Analytic Study 6:

PDD/CRASH Summary:

1. Average Length of Course

A) Number of Sessions

1) Residential Phase:

30 days; 4-5 class periods per day;
22 instructional days

2) Probation Phase:

5 months; 1 meeting per week first 3
months; 1 meeting per month 4th and
5th months

B) Number of Hours per Session

1) Residential Phase:

Administrative duties	28 hours
Education	95 hours
Group Dynamics	30 hours
Testing	10 hours

2) Probation Phase:

Approximately 2 hours per probation
session

2. Size of Course

Total capacity 24 men per 30 day session

A) Number of Clients per Course:

1) Residential:

Average 20 per class

2) Probation:

Average 18 per class

Seattle, Washington (continued)

B) Number of Courses per Year:

20 complete residential classes completed
from June, 1971 through April, 1973

3. Cost of Program:

Approximate cost per client paid by ASAP
is \$385.00

A) Cost to Client:

- 1) \$3.00 for defensive driving workbook
- 2) Clients referred from courts which
have no jurisdiction affiliation
with Cedar Hills Alcoholism Treatment
Facility must pay \$6.00 per day room
and board fee

B) Course Sponsors:

ASAP and King County Bureau of Corrections

4. Total Number of Clients Entering Program: 407

A) Average number of clients per month: 20

REFERENCES

- ¹Committee on Public Works, Department of Transportation, 1968 Alcohol and Highway Safety Report: A Study Transmitted by the Secretary of the Department of Transportation to the Congress, in Accordance with the Requirements of Section 204 of the Highway Safety Act of 1966, Public Law 89-564, U.S. Government Printing Office, Washington, D. C., August, 1968.
- ²Joscelyn, J. D. and Jones, R. K. A systems analysis of the traffic law system: Summary volume. NHTSA Report No. DOT-HS-800-640, Institute for Research in Public Safety, Indiana University, October, 1971.
- ³Joscelyn, J. D., Maickel, R. P., and Goldenbaum, D. M. A survey of court procedures for handling problem drinkers convicted of driving while intoxicated: Summary. NHTSA Report No. DOT-HS-800-612, Institute for Research in Public Safety, Indiana University, October, 1971a.
- ⁴Joscelyn, J. D., Maickel, R. P., and Goldenbaum, D. M. The drinking driver: A survey of current court practices. NHTSA Report No. DOT-HS-800-610, Institute for Research in Public Safety, Indiana University, October, 1971b.
- ⁵McNight, A., Adams, B., and Personeus, E. Handbook for directors of alcohol safety action projects (ASAPs). NHTSA Report No. DOT-HS-800-544, Human Resources Research Organization (HumRRO), September, 1971.
- ⁶Filkins, L., Mortimer, R., Post, D., and Chapman, M. Field evaluation of court procedures for identifying problem drinkers. NHTSA Report No. DOT-HS-801-091, Highway Safety Research Institute, University of Michigan, May, 1974.
- ⁷Kerlan, M., Mortimer, R., Mudge, B., and Filkins, L. Court procedures for identifying problem drinkers, Volume 1. NHTSA Report No. DOT-HS-800-632, Highway Research Institute, The University of Michigan, June, 1971.
- ⁸Mortimer, R., Filkins, L., Lower, J., Kerlan, M., Post, D., Mudge, B., and Rosenblatt, C. Development of court procedures for identifying problem drinkers. NHTSA Report No. DOT-HS-800-630, Highway Research Institute, The University of Michigan, July, 1971.

References (Continued)

- ⁹Mortimer, R., Filkins, L., and Lower, J. Development of court procedures for identifying problem drinkers. NHTSA Report No. DOT-HS-800-631, Highway Research Institute, The University of Michigan, November, 1971.
- ¹⁰Mudge, B., Kerlan, M., Post, D., Mortimer, R., and Filkins, L. Court procedures for identifying problem drinkers, Volume 2, supplementary readings. NHTSA Report No. DOT-HS-800-633, Highway Research Institute, The University of Michigan, June, 1971.
- ¹¹U.S. Department of Transportation, NHTSA. ASAP evaluation of operations - 1972, Volume III, project descriptions. Contract DOT HS 800 975, Wash., D. C., 1972.
- ¹²Struckman, D. L. and Reis, R. E. Preliminary report of ASAP rehabilitation systems descriptions and analysis. Interim Report, Contract DOT-HS-191-3-759, Human Factors Laboratory, University of South Dakota, Vermillion, South Dakota, January, 1974.
- ¹³Towle, L. H. Development of a pilot program for monitoring and evaluating the operation of ten DOT/NIAAA joint alcoholism programs--evaluation of the ASAP/AC program. Contract # HEW-OS-72-208, September, 1974.